United States Court of Appeals

for the Second Circuit



APPELLEE'S APPENDIX

76-6113

UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT

- X

NATHAN GOLD,

Appellant,

- against -

SECRETARY OF HEALTH, EDUCATION and WELFARE,

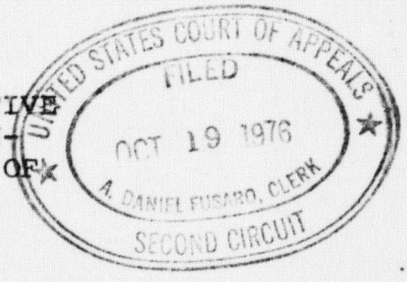
Appellee.

- X

ADMINISTRATIVE RECORD

Docket No. 76-6113

B



WITHIN IS A COPY OF THE ADMINISTRATIVE RECORD IN ABOVE CAPTIONED APPEAL INVOLVING A SOCIAL SECURITY DECISION OF THE SECRETARY OF HEALTH, EDUCATION AND WELFARE. THREE COPIES OF THIS RECORD ARE FILED WITH THIS COURT PURSUANT TO RULE 30 OF THE RULES OF THIS COURT

DAVID G. TRAGER
United States Attorney
Eastern District of New York
Attorney for Appellee
225 Cadman Plaza East
Brooklyn, New York 11201

DAVID W. McMORROW
Assistant U. S. Attorney
(Of Counsel)

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORK

ATHAN GOLD,

Plaintiff

vs.

Civil Action No. 71-C-76

ECRETARY OF HEALTH, EDUCATION,
ND WELFARE,

Defendant

CERTIFICATION

I, Charles M. Erisman, Acting Chairman, Appeals Council and Actingirector, Bureau of Hearings and Appeals, Social Security Adminiration, Department of Health, Education, and Welfare, under authory conferred upon me by the Secretary, hereby certify that the doments annexed hereto constitute a transcript of the entire record proceedings relating to the application of Nathan Gold to establi a period of disability, and his claim for disability insura benefits under title II of the Social Security Act, as amende This is a full and accurate record with the exception of the tricript of the hearing which contains instances where the transcer has indicated "unintelligible."

his transcript includes application for a period of disability and dility insurance benefits, testimony and other evidence upon which decision of the hearing examiner of the Bureau of Hearings and Apls, Social Security Administration, was based.

Date: 11 13, 1971

Charles M. Erisman

Charles M. Erisman

Nathan Gold, Claimant & W/E
A/N 109-28-7273

COURT TRANSCRIPT INDEX

	Page Nos.
Exhibit List (Index to individual exhibits)	1-3
Appeals Council Action on Request for Review	4
Correspondence	5-13
Request For Review of Hearing Examiner's Decision	14
Hearing Examiner's Decision	15-19
Amended Notice of Hearing	20
Correspondence	21-22
Amended Notice of Hearing	23
Notice of Hearing	24-25
Request for Hearing	26
Transcript of Oral Hearing	27-68
Exhibits	69-182

BEST COPY AVAILABLE

Nathan Gold, Claimant & Wage Earner
A/N 109-28-7273

1

EXHIBIT LIST

EXHIBIT NUMBER		NUMBER OF PAGES	Court Transcript Page Nos.
1	Application for Disability Insurance Benefits, filed on 2/8/66	4	69-72
2	Disability Determination, dated 8/22/66	3	73-75
3	Copy of initial disallowance letter to claimant dated 8/24/66	2	76-77
4	Application for Disability Insurance Benefits, filed on 7/11/69	4	78-81
5	Disability Determination, dated 11/25/69	2	82-83
6	Copy of Disallowance Letter, dated 12/1/69	1	84-85
7	Request for Reconsideration, dated 12/4/69	1	86
8	Application for Retirement Insurance Benefits, filed on 12/4/69	4	87-90
9	Disability Determination, dated 2/11/70	2	91-92
10	Copy of Notice of Reconsideration Determination, dated 2/13/70	2	93-94
11	Application for Social Security Account Number, dated 4/14/53	1	95
12	Earnings Certification, certified on 2/12/66 with Scouting Report attached dated 3/15/66	4	96-99
13	Earnings Certification, certified on 7/22/69	1	100
14	Report of Disability Interview, dated 2/8/66	4	101-104
15	Statement by Nathan Gold, claimant, dated 2/11/66	2	105-106

Nathan Gold, Claimant and Wage Earner
A/N 109-28-7273

EXHIBIT LIST CONTINUED

EXHIBIT NUMBER		NUMBER OF PAGES	Court Transcript Page Nos.
16	Report of Disability Interview with claimant dated 8/21/69	4	107-110
17	Copy of report from Coney Island Hospital, Out-Patient Department covering treatment of claimant from 6/1/56 to 2/19/69	21	111-132
18	Copy of report from New York University Medical Center, New York, N.Y. covering hospitalization of claimant from 1/19/65 to 1/23/65	2	133-134
19	Copy of report from Kings County Out-Patient Clinic, Brooklyn, New York, covering treatment for November and December 1965	3	135-137
20	Copy of report from Out-Patient Department, The Mount Sinai Hospital covering treatment of claimant from April 25, 1969 to June 5, 1969 with photocopy of claimant's appointment card attached	10	138-147
21	Report dated 3/7/66 from Jacob B. Glenn, M.D.	1	148
22	Professional Qualifications of Jacob B. Gleen, M.D.	1	149
23	Copy of report from Kings County Hospital, covering hospitalization of claimant from 5/3/66 to 5/13/66 and from 7/15/69 to 7/25/69	11	150-160
24	Report dated 2/10/66 from M. Davis Elkind, M.D.	2	161-162
25	Professional Qualifications of Maurice Davis Elkind, M.D.	1	163
26	Report dated 2/21/66 from Harry Grodzicker, M.D.	2	164-165
27	Report of Contact, telephone conversation between S. Juestal, Bureau of Disability Determinations Disability Examiner and Dr. Grodzicker, dated 3/28/66	1	166
28	Professional Qualifications of Harry Grodzicker, M.D.	1	167
29	Report dated 4/26/66 from Biagio Battaglia, M.D. covering examination of claimant on same day	7	168-174

Nathan Gold, Claimant & Wage Earner
A/N 109-28-7273

EXHIBIT LIST CONTINUED

EXHIBIT NUMBER		NUMBER OF PAGES	Court Transcript Page Nos.
30	Report of Contact, telephone conversation between Joseph J. Oliva, M.D., Chief Medical Consultant for the Bureau of Disability Determinations and Dr. Battaglia	3	175-177
31	Professional Qualifications of Biagio Battaglia, M.D.	1	178
32	Bureau of Disability Insurance Consultant's Case Analysis dated 12/22/69 and signed by Harry M. Murdock, M.D.	1	179
33	Professional Qualifications of Harry Merrill Murdock, M.D.	1	180
34	Bureau of Disability Insurance Medical Consultant's Case Analysis, dated 12/22/69 and signed by A. H. Oleynick, M.D.	1	181
35	Professional Qualifications of Anatol Oleynick, M.D.	1	182

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518, WASHINGTON, D.C. 20013

NOV 2 3 1970

REFER TO: HA:C
109-28-7273

BUREAU OF
HEARINGS AND APPEALS

ACTION OF APPEALS COUNCIL ON REQUEST FOR REVIEW

Mr. Nathan Gold
3100 Ocean Parkway
Brooklyn, New York 11235

Dear Mr. Gold:

Your request for review of the hearing examiner's decision has been carefully considered by the Appeals Council. The Council's consideration of your request has included all the evidence in your case, the law and regulations applicable to your claim, the hearing examiner's evaluation of the facts and the reasoning in his decision, and your reasons for believing your claim should be allowed.

The Appeals Council has concluded that the decision of the hearing examiner is correct. Further action by the Council would not, therefore, result in any change which would be of advantage to you. Accordingly, the hearing examiner's decision stands as the final decision of the Secretary in your case.

If you desire a review of the hearing examiner's decision by a court, you may commence a civil action in the district court of the United States in the judicial district in which you reside within sixty (60) days from this date. See section 205(g) of the Social Security Act, as amended (section 405(g), Title 42, United States Code). If such action is commenced, the Secretary of Health, Education, and Welfare is the proper defendant.

Sincerely yours,

Norman S. Kerns
Member, Appeals Council

Jackson C. Smith
Member, Appeals Council

Brooklyn, N.Y. 11235
Nov. 17, 1976

5

Appeals Council,
Bureau of Hearings and Appeals S.S.A.
P.O. Box 2518, Washington, D.C. 20013

A Request for Review
S.S. # 209287273

Dear Sir,

I respectfully do request the Appeals Council to review the within decision of Examiner Sidney J. Fenster which I wholly disagree as it is predicated on total prejudice and falsehood.

Here is the complete true story of my case and my reaction toward it.

I have arrived in the United States in the middle of 1953. I have been working at various occupation in the manufacture of clothing, in season only, since I had had no push to get into the Union, as a result of which my earnings of course have been quite meager.

In 1956, I have been engaged by a newly-established small firm of custom-made slip covers to learn the trade at a very minimal wage, working my way up to eighty dollars per week with paid vacation and holidays. In season and with overtime, my earnings were well over a hundred dollars per week.

In 1960, the four gage light plastics work was replaced by ten gage heavy plastics. It was very difficult work to roll and cut the plastics precisely. During the work the chemicals contents of the heavy plastics electrified by shock my arm reaching up to the spine causing me thereby very strenuous effort to hold my balance and stand on my feet and a weakening of my normal eyesight. I have become very ill for many weeks. When I returned to my work I have not been able to produce the regular work due to the sustained injury during the rolling of the heavy plastics. I have received the high dismemberment insurance of fifty dollars. I have tried to work at substitute available and feasible in the summer months. Meantime I have been confined in the house when the pain due to weather condition has become aggravated

In 1963, I have had gainful work with an
an acquaintance — Hirsch Knishes, on the
Boardwalk in season, at the counter serving
coffee, knishes, franks and soda pops. In
1963 of August, I have been scalded
accidentally with an urn of boiling coffee
on my feet, disabling me for ten
weeks. I have received compensation
approximating two hundred dollars. I
could not continue working at Hirsch's.
Come next summer, I worked at Diamonds
Knishes on the boardwalk doing the same
type of work as at Hirsch's, but following
some weeks later, I have been dismissed
due to my unsteadiness of my hands. The
condition of my stomach (that I had
suffered from during the war in Russia
camp had worsened while eating franks
and sugars at Diamonds. I again
found the same type of work at another
knishes, etc, place but could only hold
out one week's work and have been dismissed
with payment of seven dollars.

The Rabbi of my synagog, Rabbi A.
Schinberg has placed me in a catering
and moulding hall as assistant supervisor

on "kashrut" at seventy-five dollars per week, plus extras. The frequent attacks in my stomach during traveling to my work coupled with my poor general health due to arthritis, I could not attend to my job regularly, causing my losing the job with the Regency Caterers with no fringe benefits. Because it was a week or so short of the required twenty weeks working period, I could not collect unemployment insurance. Through influential intervention, I could have substituted at another good-standing Catering place but just at the time of the appointment I was laid up by an attack of my arthritis.

My doctors have kept on advising me not to work at any occupation. I have given notice in person the Social Security Division X's office (B'klyn) of my condition and wanted to apply for disability pension and to have my work record, but I have been denied to do so by this office because of my age and condition "not severe enough" to warrant my request.

Living practically daily since 1964 I have been ailing with no income whatever.

In the summer of 1965 I told my doctor that I could get some part time light work on

the boardwalk serving sodas and setzer. The doctor has approved. After working some hours I have an onset of perspiration spell, my hand began to tremble and shake while handling the [illegible] drink to the customer. The proprietor noticed it, paid me seven dollars and discharged me. I have continued getting my pains in my back, legs at regular intervals. My doctor warned me sharply to stop looking for any work if I wanted to spare my medical disabled condition it might be. I still have difficulty to lift a light object or hang up my clothes.

In, again, in February, 1966 I have been assured by an authorized person that I was eligible for disability benefits. The SS. Avenue X office filed an application for my disability. I have authorized the S.S. office to obtain all the records of my case sickness history from clinics hospitals and doctors. After months of silence and promises and visit after visit at the SS office I was furnished that after my visiting Dr. B. Bataglio, their bone fide physician this matter will have been satisfactorily determined.

1966, On April 26, at night, I came to Dr. Bataglio. He scrutinized my medical papers. When I wanted to describe the condition and type pain I suffer, the doctor interrupted me, rudely told me to go down

the basement for an X-Ray (6). He allowed me to stay naked in the cold for a lengthy time. My back and stomach pained unbearably. I knocked up to the doctor. He told me to come upstairs but did not X-Ray me. I cry choking in my throat — he forcibly pulled out my tongue to look into it causing me most excruciating pain. [He did not return my wife's greeting or mine on arriving and leaving.] He dismissed me (about ten)

The following morning, being a rainy day, I as[sum]ed am confined in bed. He found me in bed. His visit was pretextuous. When I complained about my badly bruised tongue, he told me to immediately go to Kings County Hospital where I was subjected to a biopse for possible cancer. After eight days the chief consultant doctor dismissed all biopse patients except me. My attending young doctor told me that it was necessary for me to have another biopse for more tissue which I am sure would never have withstood the untold pain. I was discharged on my demand and went to a throat nose specialist Dr. Ballenger who said that it positively was not necessary to make the biopse. He prescribed medicine for my nose which I continued to use to date. I did hear anything from the SS. office ~~I granted~~ talked to the chief of the S.S. office, Mr. Bloomberg and told him what I have

suffered from the cruel conduct of the doctor and 11
hospital and mistreatment in the SS. office to hinder
my seeing the entitled disability benefits and
told me that they did not secure the report
by Dr Batayeo yet.

Meantime my medicaid, which was still in
effect for months, was suddenly discontinued
later on, I again demanded the disabi
decision I was notified to visit Dr. B. Kent, a
neurologist. I refused to see the Neurologist,
judging from the humiliation and tortures
of the aforesaid, it was clear that their main
object was to ruin me in every way to the
satisfaction of those who are condemned. My
complaint and claim for disability is that
I have become disabled and unable to work
due to my arthritic pains — I must always
wear a truss and back support, knee holder
etc. Now I get frequent stomach and hiatus
hernia attacks, nasal discomfort and
choking throat. My eyesight too is affected
as also my memory is poor.

The disability to which I am fully
entitled and eligible by all standard, I have
been denied by distortion of the genuine
true facts, but I have received from
the New York, N.Y relief office, offering

help for which I have never applied and I am not a New York resident. 12

The arguments of the Examiner, Sidney Finster, upon which the basis his decision that I am not eligible for eligibility are absolutely not true to the facts, as borne out in this notice of review.

As to teaching Hebrew, mentioned in the decision, the picture is entirely different. I have never been a teacher of Hebrew. I do not have enough knowledge of the English language - a must requirement, and am not trained in that capacity. What I have done in the synagogue school was merely helping poor children, directing them the pronunciation or "Trillin" for Bar Mitzva preparation. I volunteered one hour a Sundays.

On p.2 the Examiner mentions an examination by a psychiatrist that it was nothing wrong with me. I wish to refute the Examiner allegation. In 1968 I have complained at the Coney Island hospital to my attending doctor (about my difficulty to sleep, ~~lost my hair~~ because of my stomach and back pain and my frequent headaches etc. The doctor suggested that I see

examined by the psychiatrist Dr. Hechtin this hospital. The doctor examined only the papers and presented for me a medicine that bore the label tested. From the first tablet I became temporarily unconscious with convulsions. I was very sick for days from the medicine. My private doctor told me not to use it.

I always at all instances tried to find gainful work even though it was as little as ten dollars a week.

The Examiner's secretary, before the hearing, promised to give me a copy of the report of my case, which I cannot read well enough to read by myself, but the Examiner has refused.

I appeal to your sense of true justice to give my case history the attention due it.

Yours Respectfully
Nathan Gold

13

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

REQUEST FOR REVIEW OF HEARING EXAMINER'S ACTION

Take or mail original and all copies to the District Office, Social Security Administration

CLAIMANT'S NAME	CLAIM FOR
Nathan Gold	☒ Entitlement to Disability Benefits (97) 14
WAGE EARNER'S NAME: Nathan Gold	☐ Continuance of Disability Benefits (98)
SOCIAL SECURITY ACCOUNT NUMBER: 109-28-7273	☐ Other (Specify type claim)

I disagree with the hearing examiner's action on the above claim and request that the Appeals Council, Bureau of Hearings and Appeals, review it. My reasons for disagreement are:
I am disabled and unable to work

Attach to this form, or forward within 10 days to the Appeals Council at the address shown below, any evidence or supplemental statement you wish to submit.

I understand the Appeals Council may deny my request for review, but if it grants the request:

I ☐ wish ☐ do not wish to appear before the Appeals Council in Washington, D.C. at my own expense.

I ☒ wish ☐ do not wish to file a brief or further written statement.

Signed by: (Either the claimant or representative should sign - Enter addresses for both)

SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE	CLAIMANT'S SIGNATURE: Nate Gold
STREET ADDRESS	STREET ADDRESS: 3100 Ocean Pkwy
CITY, STATE, AND ZIP CODE	CITY, STATE, AND ZIP CODE: Brooklyn NY. 11235
TELEPHONE NUMBER	DATE: 11-12-70 — TELEPHONE NUMBER: 996-8036

Claimant should not fill in below this line

Is this request filed within 60 days of the hearing examiner's action? ☒ Yes ☐ No

If "No" is checked: (1) attach claimant's explanation for delay; (2) attach any pertinent letter, material or information in the district office.

ACKNOWLEDGMENT OF REQUEST FOR REVIEW OF HEARING EXAMINER'S ACTION

Request for Review of Hearing Examiner's Action in this case was filed on the date shown and at the place indicated.

The APPEALS COUNCIL will notify you of its action on your request.

Date request for review was filed: 11-12-70

Place where request for review was filed: Ave X D.O

For the Social Security Administration

BY (Signature): [illegible]

(Title): CRT

(Street Address): 333 Ave X

(City) Brooklyn (State) NY (ZIP Code) 11223

Appeals Council
Bureau of Hearings and Appeals, SSA
P.O. Box 2518
Washington, D.C. 20013

Form HA-520 (12-67) APPEALS COUNCIL

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

NOTICE OF DECISION

PLEASE READ CAREFULLY

If you disagree, in whole or in part, with the enclosed decision of the hearing examiner, you may request the Appeals Council to review it. However, your request for review must be filed within 60 days following the date shown below.

You, or your representative, may file the request for review at the nearest office of the Social Security Administration, or you may file the request for review with the hearing examiner, or with the Appeals Council.

Unless you file a timely request for review by the Appeals Council, you may not obtain a court review of your case under sections 205 (g) and 1869 (b) of the Social Security Act.

This notice and enclosed copy of hearing examiner's decision mailed to the claimant on

September 21, 1970

Form HA-502-3
(6-69)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

16

HEARING EXAMINER'S DECISION

In the case of	Claim for
Nathan Gold (Claimant)	Period of Disability and Disability Insurance Benefits
(Wage Earner) (Leave blank if same as above)	109-28-7273 (Social Security Number)

This case is before the Hearing Examiner upon a Request for Hearing filed on March 3, 1970 by Nathan Gold, the claimant, who is dissatisfied with the determination of the Social Security Administration that he is not entitled to a Period of Disability and to Disability Insurance Benefits. A hearing was held in New York, New York on September 8, 1970, before the undersigned Hearing Examiner, with the claimant present and participating.

The claimant filed an application for a Period of Disability and Disability Insurance Benefits on February 8, 1966. He alleged inability to work from 1963, due to nervous condition, ulcer, hernia, dizziness, and back pains. An initial Notice of Disallowance, dated August 24, 1966, was sent to the claimant. The claimant filed another application for Disability Insurance Benefits on July 11, 1969. This application, too, was denied and the claimant was notified on December 1, 1969. The claimant then requested reconsideration on December 4, 1969 and a Notice of Reconsideration Determination, dated February 13, 1970, affirming the initial denial was sent to the claimant.

Section 223(d)(1) of the Social Security Act, as amended, defines "disability" (except for certain cases of blindness) as the "inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months."

Section 223(d)(2)(A) further provides that "an individual (except a widow, surviving divorced wife, or widower for purposes of Section 202(e) or (f)) shall be determined to be under a disability only if his physical or mental impairment or impairments are of such severity that he is not only unable to do his previous work but cannot, considering his age, education and work

experience, engage in any other kind of substantial gainful work which exists in the national economy, regardless of whether such work exists in the immediate area in which he lives, or whether a specific job vacancy exists for him, or whether he would be hired if he applied for work. For purposes of the preceding sentence (with respect to any individual), 'work which exists in the national economy' means work which exists in significant numbers either in the region where such individual lives or in several regions of the country."

Section 223(d)(1)(3) of the Social Security Act also provides that a "physical or mental impairment" is an impairment that results from anatomical, physiological or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.

The claimant's earnings record based on his age shows that he last met the earnings requirements on December 31, 1966. Therefore, it is incumbent for the record to show that he was under a "disability" on or before December 31, 1966.

Mr. Gold alleges the onset date of his impairment in 1963. This onset date is established both in his prior application and in his current application. Mr. Gold was born in 1908. As of 1963 or onset date he was 55 years old.

Claimant complains of arthritis and back pain. In 1966 the State agency recommended that the claimant be examined by a psychiatrist. Claimant refused to honor the request.

In another connection a psychiatrist examined him at Coney Island Hospital and told him that there was nothing wrong with him.

In claimant's former job he worked as a cutter on thick plastic. His maximum earnings barely exceeded $3,000 throughout his working life. He tried to work at a retail restaurant counter in Coney Island but found that he was unable to continue.

Mr. Gold worked as a supervisor of a Jewish catering facility in Long Island. He would supervise the kitchen in accordance with the laws of Kashruth. In addition, he was able to teach some children the Hebrew language.

The record is silent as to the earnings over the years even before any impairment was alleged. In 1961 claimant had earnings of $40.63. In 1962 he had earnings of $292.52.

BEST COPY AVAILABLE

Mr. Gold is receiving a small pension from the German Government in the nature of indemnification for damage to him during the Nazi regime.

Claimant was forced to leave Germany against his will, settling in Russia. While in Russia, he sustained a traumatic injury and acquired a disease, possibly Tuberculosis.

In July of 1969 claimant had a left inguinal hernia repair.

Mr. Gold was examined by Dr. Biagio Battaglia, a consultative examiner, on April 26, 1966. Dr. Battaglia in his examination found no evidence of arthritis and no scars in the knees to restrict knee mobility. This doctor mentioned that the claimant had a laryngeal lesion which needed evaluation. The claimant had minimal fibrosis of the left lower lobe of the chest suggestive of past tuberculosis. His heart was in the normal range so far as size was concerned. Dr. Battaglia noted some cerebral arteriosclerosis but could not really form a firm diagnosis based upon accepted diagnostic criteria.

Claimant's medical file was reviewed by a Psychiatric Consultant for the Social Security Administration. This doctor indicated that the claimant's psychiatric impairment would not be severe enough to prevent substantial gainful activity. Another medical specialist reviewed the file, namely a specialist in Neurology. This neurologist found no evidence of a disabling condition which would be severe enough to preclude substantial gainful activity.

This Hearing Examiner has carefully combed the entire medical record. The record does not disclose an impairment severe enough to warrant considering this claimant as meeting the disability requirements of the Social Security Law.

Mr. Gold does have some problems with his back and with his chest in connection with his hernia.

There is a possibility that the claimant can return to his former job as a cutter in the plastics industry. However, claimant denies any such ability.

The evidence indicates that the claimant is well educated and trained in the practices of the Jewish religion. He has supervised the preparation of food in connection with Jewish religious law. This job does not require any physical stamina. It requires a knowledge of religious law. Claimant knows Hebrew and he could qualify as a Hebrew teacher to the young. There is no logical reason why his impairments would interfere with his ability to perform as a religious teacher or supervisor. This is a light duty job.

Therefore, based on the entire evidence, this Hearing Examiner finds that the claimant has residual capacity for a light job as previously described.

FINDINGS OF THE HEARING EXAMINER

The Hearing Examiner has carefully considered the entire record in this case, and based upon the credible evidence, makes the following specific findings, in summarization, and in addition to the above findings:

1. The claimant last met the special insured requirements of the Social Security Act on December 31, 1966.

2. The claimant's impairment consists of a hiatus hernia and minimal osteoarthritis.

3. These impairments either singularly or in combination were not severe enough to preclude all forms of substantial gainful activity on or before December 31, 1966.

4. This claimant has experience and capacity to work as a supervisor of food prepared in accordance with religious practices, or as a teacher of Hebrew.

DECISION

It is the decision of the Hearing Examiner that the claimant did not meet the requirements of Sections 216(i) and 223 of the Social Security Act, as amended, while he had an insured status.

Sidney Fenster

Sidney Fenster
Hearing Examiner

Date: SEP 21 1970

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

20

AMENDED NOTICE OF HEARING

In the case of

Nathan Gold
(Claimant)

(Wage Earner) (Leave blank if same as above)

Claim for

Period of Disability and Disability Insurance Benefits

109-28-7273
(Social Security Number)

TO: Mr. Nathan Gold
3100 Ocean Parkway
Brooklyn, New York 11223

The hearing in this case which was scheduled for ~~June 16, 1970~~ June 25, 1970 (Date) at 26 Federal Plaza, N.Y.,N.Y (Address)

will be held instead on the 8th day of September at 9:30 ~~o'clock~~ a.m. in room 3138

of the Federal Building, 26 Federal Plaza (Number and Street)

New York City, (City), New York 10007 (State)

IMPORTANT—Please sign and return at once the enclosed postal card notifying me whether you will be present at the above time and place. No postage is required on this card. If an emergency arises preventing your appearance after you mail the postal card stating that you will be present, notify the Hearing Examiner promptly and give your reasons.

Hearing Examiner	Mail Address
Sidney J. Fenster	26 Federal Plaza, Room 3138 New York City, New York 10007
Date: August 24, 1970	Telephone Number: 264-3817

cc: Representative (Name and Address)
None

District Office (Address)
333 Avenue X, Brooklyn, New York

Enclosure

Form HA-[illegible]8b
(10-69)

HEARING FILE

Brooklyn 30 June 1970.

-- 21

Mr Sidney J. Feuster
Hearing Examiner

Re: Claim for Period of
Disability Ins. Benefits
Soc. Sec. № 109 28-727

Dear Sir:

Your Secy informed my wife to call her on June 22nd 1970, to let her know if I would attend the hearing; at that time I was in Paris (FRANCE) and I was unable to appear to the hearing, my wife called the secy and a for prolongation of 4 weeks. Your Secy told me to write to You.

I respectfully ask you to grant me another hearing.

Department of Health, Education & Welfare
By:
JUL 2 1970
26 Federal Plaza, Rm. 3138
New York, New York 10007

Sincerely yours
Nathan Gold

26 Federal Plaza, Room 3138
New York City, New York

June 8, 1970

Mr. Nathan Gold
3100 Ocean Parkway
Brooklyn, New York 11223

Dear Mr. Gold:

Due to unforeseen circumstances your hearing which was scheduled for June 16, 1970 at 1:30 p.m. at 26 Federal Plaza, Room 3138, New York City, New York is being re-scheduled for June 25, 1970 at 2:00 p.m.

We are enclosing an Amended Notice of Hearing to this effect.

Sincerely yours,

Sidney J. Feinster

Sidney J. Feinster
Hearing Examiner

Enclosure

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

23

AMENDED NOTICE OF HEARING

In the case of

Nathan Gold
(Claimant)

Nathan Gold
(Wage Earner)

Claim for

Period of Disability and Disability Insurance Benefits

109-28-7273
(Social Security Account Number)

Mr. Nathan Gold
3100 Ocean Parkway
Brooklyn, New York 11223

The hearing in this case which was scheduled for June 16, 1970 (Date) at 26 Federal Plaza, Rm. 3138, NYC (Address)

will be held instead on the 25th day of June, 1970 at 2:00 o'clock in room 3138

of the Federal Building, 26 Federal Plaza (Number and Street), New York (City), New York (State)

(between Broadway and Lafayette Streets on Duane Street)

IMPORTANT—Please sign and return at once the enclosed postal card notifying me whether you will be present at the above time and place. No postage is required on this card. If an emergency arises preventing your appearance after you mail the postal card stating that you will be present, notify the Hearing Examiner promptly and give your reasons.

Sidney J. Fenster
(Hearing Examiner)

June 8, 1970
(Date)

26 Federal Plaza, Room 3138
(Mail Address)
New York City, New York 10007

cc: Representative None
D/O: 333 Avenue X, Brooklyn, N.Y. (Name and Address)

Form SA-508a
(4-64)

HEARING FILE

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

NOTICE OF HEARING

24

In the case of

Nathan Gold
(Claimant – Wage Earner)

109-28-7273
(Social Security Account Number)

Claim For

Period of Disability and

Disability Insurance Benefits

TO:
Mr. Nathan Gold
3100 Ocean Parkway
Brooklyn, New York 11223

Pursuant to your written request and provisions of section 205(b) of the Social Security Act, a hearing will be held by the undersigned, a Hearing Examiner of the Bureau of Hearings and Appeals on the 16th day of June, 1970 at 1:30 p.m. ~~o'clock~~ in Room 3138 of the Federal Building, 26 Federal Plaza (Number and Street), New York City (City), New York 10007 (State)

The general issues to be determined are whether you are entitled to a period of disability under section 216(i) and to disability insurance benefits under section 223(a).

The specific issues to be decided are: (1) Whether you have the required insured status under the law; and if so, as of what date(s); (2) The nature and extent of your impairments; (3) Whether your impairment has lasted or can be expected to last for a continuous period of at least 12 months, or can be expected to result in death; (4) Your ability to engage in substantial gainful activity since your impairment began; (5) When your disability, if any, began.

This hearing involves your application(s) filed on July 11, 1969 (Date).

You should be prepared to prove that you were under a disability on or before December 31, 1966 (Date).

may be to your interest to have your physicians appear at the hearing to testify on your behalf. Be prepared to furnish: your entire work history, including names of employers, dates of employment and a description of duties performed; schools and training; names of physicians who have examined or treated you; and periods of hospitalization with names of hospitals.

READ THE OTHER SIDE OF THIS NOTICE FOR IMPORTANT INFORMATION REGARDING HEARING

REMARKS:

IMPORTANT--Please sign and return at once the enclosed postal card notifying me whether you will be present at the above time and place. No postage is required on this card.

Hearing Examiner
Sidney J. Fenster

Date
May 22, 1970

Telephone Number
264-3817

Mail Address
26 Federal Plaza, Room 3138
New York City, New York 10007

cc: Representative (Name and Address)
None

District Office (Address)
333 Avenue X, Brooklyn, New York 11223

FORM HA-507.1A
(4-66)

HEARING FILE

(Over)

IMPORTANT INFORMATION

What is Meant by "Disability"

To be found under a "disability", an individual must be unable to engage in any substantial gainful activity due to a medically determinable physical or mental impairment which has lasted or can be expected to last for a continuous period of at least 12 months, or can be expected to result in death. The impairment must be so severe as to prevent the individual from engaging not only in his usual work, but, considering his age, education, previous training and work experience, in any other kind of substantial gainful work which exists in significant numbers either in the region in which he lives or in several regions of the country.

Appearance at Hearing

The date and time of this hearing have been set aside especially for you. Your failure to appear without good reason may cause dismissal of your Request for Hearing. Even though there is good reason, any postponement will delay disposition of your case. If an emergency arises preventing your appearance after you mail the postal card stating that you will be present, notify the Hearing Examiner promptly and give your reasons. Also advise the Hearing Examiner of the earliest date after which he can reschedule your case for hearing.

What You Should Do

The law places on you the burden of submitting evidence to support your claim. You must show the severity of y impairment by available medical evidence, and where necessary by appropriate medical tests. Bring to the hear... all medical and other evidence not already presented in your case: (1) A report from each doctor who has examined or treated you; (2) The results of laboratory tests and clinical findings; (3) Copies of medical evidence submitted to insurance companies, the State Compensation Commission; (4) Hospital records. If you find it impossible to obtain these latter records, notify the Hearing Examiner promptly before the day of the hearing. The Hearing Examiner may ask you to undergo a medical examination which will be performed at no expense to you.

The Hearing Examiner will question you about the types and dates of your past employment, earnings, schools you attended, special training and present daily activities. You should be prepared to give such information at the hearing.

Conduct of Hearing

You will have an opportunity to examine the documentary evidence on the day of the hearing. If you wish to examine it before the day of the hearing you may do so at the Hearing Examiner's office.

At the hearing the Hearing Examiner will inquire fully into the matters at issue. You may present evidence either in the form of written documents or the testimony of witnesses, or both. You may bring your own physicians or other witnesses to testify on your behalf. If necessary, the Hearing Examiner may ask the doctor who examined you to appear, and may bring in a medical or vocational expert to testify. Your testimony and that of any witnesses will be under oath or affirmation, and a verbatim record of the proceedings will be made. You may suggest findings of ... or conclusions of law and present arguments orally or in writing.

Representation

While it is not required, you may be represented at the hearing by an attorney or other qualified person of your choice, if you desire assistance in presenting your case. Any fee which your representative wishes to charge for his services in your case must be approved by the Bureau of Hearings and Appeals. Your representative must petition for fee approval at the conclusion of his services, and furnish you with a copy of his petition.

If you are found entitled to benefits and your representative is an attorney, 25 percent of your back benefits will normally be withheld for payment to your attorney upon approval of his fee. If the approved fee is less than the 25 percent we withheld, we will pay the difference directly to you. If the approved fee is more than 25 percent, payment of the difference is a matter to be settled between you and your attorney.

If your representative is not an attorney, none of your benefits will be withheld; and payment of the fee which is approved is a matter to be settled between you and him.

If you have any other questions, your local Social Security district office will be glad to help you.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

REQUEST FOR HEARING

26

Take or mail original and all copies to the District Office, Social Security Administration

CLAIMANT'S NAME: Nathan Gold

WAGE EARNER'S NAME: Nathan Gold

MAR 5

SOCIAL SECURITY ACCOUNT NUMBER: 109-28-7273

CLAIM FOR
- [X] Entitlement to Disability Benefits (97)
- [ ] Continuance of Disability Benefits (98)
- [ ] Other (Specify type claim)

I disagree with the determination made on the above claim and request a hearing before a hearing examiner of the Bureau of Hearings and Appeals. My reasons for disagreement are: Your decision is a false one. I do not want Mr Ashley for the examiner beraus-e he is against ~~me~~ us. N.G. will write a rep

Check one of the following: When you tell me when the hearing will be.
- [X] I have additional evidence to submit. (Attach such evidence to this form or forward to the District Office within 10 days)
- [ ] I have no additional evidence to submit.

Check ONLY ONE of the statements below:
- [X] I wish to appear in person before the hearing examiner.
- [ ] I waive my right to appear and give evidence, and hereby request a decision on the evidence before the hearing examiner.

Signed by: (Either the claimant or representative should sign - Enter addresses for both. If claimant's representative is not an attorney, complete Form HA-512)

SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE	CLAIMANT'S SIGNATURE: Nath Gold
ADDRESS	ADDRESS: 3100 Ocean Parkway
CITY, STATE, AND ZIP CODE	CITY, STATE, AND ZIP CODE: Brooklyn NY. 11223
TELEPHONE NUMBER	DATE: 3/3/70 (Claimant should not fill in below this line)
	TELEPHONE NUMBER: 996-8036

Is this request filed within 6 months of the reconsideration determination? [X] Yes [ ] No
If "No" is checked: (1) attach claimant's explanation for delay, (2) attach any pertinent letter, material, or information in the District Office.

ACKNOWLEDGMENT OF REQUEST FOR HEARING

Your request for a hearing was filed on 3/3/70 at 333 Ave X

The hearing examiner will notify you of the time and place of the hearing at least 10 days prior to the date which will be set for the hearing.

Hearing Examiner Copy	TO: [X] Hearing Examiner: 26 Federal Plaza N.Y. (Location) 10007
Claim File Copy	TO: [X] Hearing Examiner - Disability file in BDI TELETYPE BDI, BALTIMORE, MD. [ ] Payment Center (Location) [ ] BHI (Location) [ ] DFC (BRSI) [ ] CWAB (BDPA)

For the Social Security Administration

By: aCavat (Signature) CR (Title)

333 Ave X (Street Address)

Brooklyn NY 11223 (City) (State) (ZIP Code)

Interpreter Needed (Language)

Servicing District Office Code 137

Form HA 501 (12-67)

HEARING EXAMINER

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

27

TRANSCRIPT

In the case of	Claim for
NATHAN GOLD (Claimant)	Period of Disability and Disability Insurance Benefits
NATHAN GOLD (Wage Earner)	109-28-7273 (Social Security Account Number)

Hearing Held

at

New York, New York

on

September 8, 1970

APPEARANCES:

Nathan Gold, Claimant and Wage Earner

Sidney Fenster
Hearing Examiner

Faith Hermann
Acting Hearing Assistant

Form HA-509
(7-66)

INDEX OF TRANSCRIPT

In the Case of	Account Number
Nathan Gold, Claimant and Wage Earner	109-28-7273

Testimony of Mr. Gold . . . . . Commencing p. 3

(The following is a transcript of the hearing held before Sidney Fenster, a Hearing Examiner of the Bureau of Hearings and Appeals, Social Security Administration, Department of Health, Education, and Welfare, on September 8, 1970, at New York City, New York, in the case of Nathan Gold, claimant and wage earner, social security account number 109-28-7273. The claimant appeared in person.)

(The hearing commenced at 10:40 a.m., on September 8, 1970.)

OPENING STATEMENT BY HEARING EXAMINER:

HEARING EXAMINER: This is the hearing in the case of Nathan Gold, claimant and wage earner, social security number 109-28-7273. It is being held at the claimant's request under section 205(b) of the Social Security Act, as amended, before Sidney Fenster, a hearing examiner, Bureau of Hearings and Appeals, Social Security Administration, United States Department of Health, Education, and Welfare, in New York, New York, on the 8th day of September, 1970, pursuant to a notice of hearing dated August 24, 1970.

Now, Mr. Gold, I'm about to read into the record a summary of facts in your case and I suggest you listen carefully. If I am incorrect, please let me know. Incidentally, you were advised in the notice of hearing that you had the right to appoint a representative. Since you are appearing alone, I assume you do not care to have such representation. The file shows you filed an application back in '66, February 8 to be exact, for benefits and that was disallowed and you waited until July 11, '69, for your second application and you alleged in your second application that you were disabled back in '63. Now,

this second application was denied administratively, both initially and on reconsideration, whereupon you requested this hearing. Now, it is noted for the record that you last had an insured status on December 31, 1966. In order for you to be successful in this proceeding, it would be necessary for you to show that you were disabled on or before that date. Now as a corollary to that, the prior application in '66 may be dismissed on the grounds that the prior decision was fully dispositive of the issue here; in other words, was res judicata of the issues. However, in the event that new and material evidence is submitted, then the application may be reopened; but barring the showing of any new and material evidence as to your condition, the prior application will be considered, dispositive of the issues, and the principle of res judicata will operate.

Now, I sit as an independent hearing examiner and the decision that I write in the case is independent of any prior denials made by the Social Security Administration.

Mr. Gold, you have had an opportunity to review Exhibits 1 through 35, have you not, which I have tentatively included as exhibits in evidence? Have you looked at Exhibits 1 through 35 which my assistant showed you, these papers?

CLAIMANT: I see something but I don't understand nothing.

HEARING EXAMINER: Well, my question --

CLAIMANT: I look only to see what the head doctor want -- that what I want was false -- was opposite. Because he don't write what

I tell him. I tell him when I was working by the plastic slipcover. I was working many years. I make good salary. I was sick but I was working, but later it was plastic 10 inches. We worked 4 inches; that was nothing. And we started 8 - 10 inches --

HEARING EXAMINER: Let me swear you in, sir. Stand up.

The claimant, NATHAN GOLD, having been first duly sworn, testified as follows:

EXAMINATION BY HEARING EXAMINER:

Q. Now, all I'm asking you is do you have any objection to the papers in these reports?

A. Yes.

Q. Do you object to any of them?

A. From the doctor --

Q. You give me the name of the doctor.

A. Biagio.

Q. Biagio Battaglia?

A. Yes.

Q. Is that the one?

A. Yes.

Q. You object to his report?

A. Also the report from the Social Security.

Q. What do you mean the report from the Social Security? One thing at a time. Why do you object to Dr. Battaglia's report?

A. Because when I came to Dr. Battaglia I explained him all my

sickness, what I got. I got --

Q. All right, you explained your sickness, so why do you object to his report?

A. They took me in the basement to make the x-ray. They left me about 20 minutes in the cold room -- window. Afterwards -- and I was choking. I knocked on the door to give me a help because I was freezing. Then they tell me, "Take your clothing." They don't make me even the x-ray. "You can go home." But he took out the tongue because I got choking. In winter I choking -- in summer, but not so in winter. He took out the tongue. After the tongue out he don't tell me to say "ah" but he told me was bleeding under the tongue. I tell him that; he said nothing. Next day in the morning, 10 o'clock -- after 10 o'clock then somebody knocking on my door in the home. A Dr. Bechock. He tell me want to see me. He want to see -- I got the operation on time. I said, "Doctor, look what I got in the tongue, the bleeding." "Yeah, you must go in the hospital." I forgot what kind of hospital. I come in this hospital, they tell me, "Mr. Gold, you must immediately rest in hospital. Maybe you got cancer." I rest in the hospital. I think --

Q. All right. Do you object to the report because you feel that he mistreated you, this doctor? Is that what you're saying?

A. Yes. They send me to the hospital and the hospital make the same. They make me a biopsy, and they want to make a second time.

Q. All right. We'll admit that. What other objections do you have besides that?

A. I objection that he did not write this in the report, that he was in my apartment, that they send me to the hospital for the biopsy. That is the objection. He have to write this in his report, but he told what they make -- that they send me to the hospital and was the biopsy not necessary. I was sick.

Q. All right. I understand that. This was done when? Back in what year was that when this happened? In 1966?

A. I can't say that is right. I remember very poor. I don't remember anything.

Q. Now what else do you object to besides Dr. Biagio Battaglia?

A. Also I tell him that from the plastics I was working. I was working many years. I was good. But when it was to 8 and 10 inches -- it was electric -- electric the hand.

Q. I don't know what you're talking about. What are you referring -- what are you objecting to?

A. That he did not write, that what I tell him.

Q. Who didn't write, Dr. Battaglia?

A. Dr. Battaglia, yes.

Q. You told him what? That you had an electric shock?

A. I tell him when I was working, the plastic. I was working 3-4 years and I made good wages, but later they change from 4 gauge to 8-10 gauge. This was heavy plastic. The work was plastic slipcover.

Before was not heavy plastic and it was nothing. It was good, but then they started 8-10 gauge. I got the electric from the plastic when I was working. I became --

Q. You got an electric shock when you were working, right?

A. Yes -- no.

Q. Where were you working at that time?

A. By Southern Shister (phonetic).

Q. Did you take it up with them that you got an electric shock?

A. It's not electric shock. I didn't say electric shock.

Q. What was it then?

A. When I took the plastic to tool, I feel -- it's not the shock -- pain.

Q. Why are you complaining, that he didn't put it down?

A. He didn't put it down.

Q. All right. Is there anything else you're complaining about in the exhibits?

A. I didn't see more.

Q. All right. We'll mark them in there subject to your commenting. Exhibits 1 through 35 will be marked in evidence. Now, you filed the prior application back in '66. Is that right?

A. Yes.

Q. And that was denied. Is that right?

A. Yes.

Q. Then you filed a new application in '69. Is that right?

A. I asked not from '69. I asked from the first time. They tell me they will open the first -- when I make the first application. What's his name, I forgot. In the Social Security they tell me I don't claim for now; I claim from before, from the first time. It will be --

Q. Who told you to file the second application?

A. In the Social Security.

Q. What made you go down there?

A. Because I was trying to work. I was working a day, a half day. And I thought --

Q. So you told them you'd like to refile?

A. He tell me this in the Social Security.

Q. They told you to refile, file again.

A. Yeah, but they tell me when I've been to get the disability I got for the first time when I make the first application, that the first application will be for this date when I get from the second time that I make application but come from the first time, to open the first time.

Q. In your first application you didn't appeal to a hearing examiner, did you?

A. I appeal always about -- it was --

Q. You didn't answer my question. In your first application in '66 you were denied by the Social Security.

A. Yes.

Q. And then you didn't apply for a hearing, did you?

A. I always applied but they want to send me a nervous doctor. I would not appear because I never claim to be nervous. He write you about nervous. I don't complain about nervous because in my life I got so much rushing. I was never nervous. He want to send me to nervous doctor but I don't go to nervous doctor because the Social Security tell me after Biagio, it will be finished or I will got the disability or no. And after this there was a half year.

Q. No, I'm not saying that. I'm saying you didn't apply for a hearing. I'm not asking you whether or not --

A. They tell me Biagio will be -- then Dr. Biagio --

Q. What has that got to do with applying for a hearing?

A. After Biagio they want tc send me to a nervous doctor.

Q. You refused to go. Is that right? All right, what has that got to do with making -- asking for a hearing?

A. Nothing.

Q. A hearing after your first application in '66. You were denied, right? They turned you down.

A. Yes, I was denied.

Q. After you saw this Dr. Biagio Battaglia they denied it.

A. Yes.

Q. You didn't take any further action for a few years. Is that right?

A. Yeah.

Q. What did you do?

A. I claim that I don't claim about nervous. I claim about my sickness.

Q. No, I'm not talking about nerves or anything. All I'm asking you is what actually you took when they denied the claim. You filed the application and they sent you a letter saying they don't feel you're disabled. Now, did you go further on that or did you wait until you filed the new application in '69?

A. I don't remember. For my life I don't remember.

Q. Our records show you didn't go further so you didn't request a hearing. That's what the records show in this office. They wanted you to see a psychiatrist and you said you wouldn't see him. Is that right? But eventually you did run into a psychiatrist in the hospital. Isn't that right?

A. Please?

Q. Eventually you did see a psychiatrist in the hospital. Isn't that right?

A. Yes. I came to Coney Island Hospital. The Coney Island Hospital was working together not good for me, against me.

Q. What do you mean they were working against you? What do you mean by that?

A. It is something that Coney Island Hospital is against me.

Q. Why would the Coney Island Hospital be against you?

A. I was a long time there -- in Coney Island Hospital. They gave a false report. I was with my nose. They attempt they make an x-ray with the wrong negative. Then I was in the hospital, they find out that the nose is broken and I got the operation also. They give a false report. He tell me, the doctor tell me, "You got with the stomach, you got broken nose and everything. Maybe you will go to a nervous doctor to speak with you." I came to the nervous doctor, Dr. Heft, I think. He look in a book. He don't speak too much to me. He tell me everything is all right. He give me a medicine. I took the medicine home. I had a general shock. It was so. My wife called doctors. No doctor want to kill (phonetic) me tonight. From this time I tell finished. I don't -- a private doctor tell me also don't go to a nervous doctor. My doctor from the Coney Island Hospital, she tell me, "you go, maybe this doctor will speak with you," but he don't do it, nothing, only he look in the papers. What he write in the papers I don't know. They tell me, "You are all right, looks good," but I am not well; but he gives me the pill, the pills, and I take 2-3 times, until finished. I show this to my doctor and he tell me don't use it. It was right proof on the bottle. Do you understand what I mean? It was not -- the drugstore don't sell them; that was only to -- a new medicine to give samples to try with the people. This was a medicine but they protect the drugstore.

Q. All right, now -- you understand, of course, Mr. Gold, that

you last had an insured status as of December 31, 1966. In other words, you were insured up to that time but not thereafter.

A. I don't understand.

Q. You had an insured status up to '66 but not after '66.

A. I don't remember.

Q. It's not a question of remembering. I'm just telling you.

A. That's right. Everything's right here.

Q. I just want you to understand. If you got sick after '66, it's not going to help you. It's when you were sick prior to '66 that's going to help you.

A. I was sick from --

Q. Do you understand that point?

A. Yes.

Q. This is the point I'm raising. You got sick after '66 and you were not insured so you can't get covered. The only coverage that I can allow would be coverage prior to December 31, '66.

A. I was before sick.

Q. So this business of going in the hospital afterwards in '67, '68, '69, this has got nothing to do with it unless they can point back and say this started before. Any new ailments after that date is of no value to you. You understand? You have to have a disability on or before December 31, 1966; otherwise you're out of court.

A. My disability was '65 the last time when I make $70 -- that I got from the -- I tell the doctor I want to try; maybe I can work.

Q. How old are you now?

A. 62. I was in February 62.

Q. Did you apply for old-age benefits?

A. Yes.

Q. Are you getting them?

A. $51.20. Because the Social Security don't tell me to cross out when I stop the work. I don't know this and I got the minimum. The last -- my job was 1965; '65 I was sick all year. 1965 I tell the doctor I want to try to work. He tell try. I was trying to work in (unintelligible) work, by Ignatius, a friend from me. But I started to work one hour. I became pained in the back and told stop. Then the doctor tell me don't work more, stop. Then I stop. This time I am not working.

Q. When did you get unemployment compensation?

A. Unemployment? A long time. I even got 20 week. I got in this year maybe $63. I got unemployment a long time, two times. Here, I got from the --

Q. May I have that?

A. '65 was the finish.

Q. I'm giving this back to you. This is something that is already in the file. This shows your earnings record over the years. This shows that you never made more than $3,000 a year. Is that right?

A. Yeah. I was satisfied with it.

Q. That was back in '59. Ever since --

A. My sickness is very good for me.

Q. Back in '59 was the top dollar. You didn't earn -- in '60 you went down, '61 you earned nothing, '62 you earned very little, in '63 you earned very little. And even back in 1953, how come you only made $600 in '53 and '54?

A. When I came to the United States --

Q. What time -- when did you come to the country?

A. '53 about, '53 yeah, '53, 1953.

Q. You didn't make much money then. You made $10 a week. You were lucky if you made $10 a week.

A. No, not a week. I was working two -- two or three months and the union don't want to take me in union. I was only working the time when they need the season, for few weeks. Then I was unemployment. I can't even find my job to be in the union. The union tell me they got much people to work; never can find. Then later I find the plastic slipcover where I was working.

Q. When did you stop working in plastic slipcovers?

A. I don't remember.

Q. '59 probably. Is that right? In '59 you made $3,000.

A. Yes.

Q. That's a long time ago. That was 10 years ago.

A. Yes.

Q. What other work have you done in your lifetime besides being a plastic slipcover operator?

A. By plastic, I was cutter.

Q. Cutter, yeah.

A. Before I worked by machine -- working machine by -- they call it section work.

Q. When did you get married, Mr. Gold?

A. 1964, I think.

Q. You were 46 years of age at that time, right?

A. Yes. Now 62.

Q. Is that your first marriage?

A. Yes.

Q. Is your wife working?

A. No, she very sick.

Q. Have you been on Welfare?

A. No, this is all. This is the trouble. They want to force us to Welfare, the Social Security. Never in my life -- for the last winter because they want to force me. (unintelligible) I pay always, but now I don't pay.

Q. What do you mean they want to force you on Welfare?

A. I've never been asked. I wrote a letter to the chief of the Welfare to say who is Mrs. Pepe (phonetic). Nobody lets me who this Mrs. Pepe -- to see and I would not answer. Somebody is interested that we people be in Welfare, one attorney. But they took me away the last time to doctor.

Q. What do you mean one attorney? What happened there?

A. I got troubles with the landlord, with my landlord. They make a false eviction, a robber in my apartment. His attorney took from me --

Q. You made a what, a false eviction?

A. False eviction, yes. And I took attorney and she took from me $1,750. She don't pay this to the court and I claimed this in court and I win from a judge to pay back the $1,750 because the attorney has not appeared 3 or 4 times in the court.

Q. Did you get the money back from the lawyer?

A. No. The next time I came to the clerk to sign this judgment, he said it was vacated. The attorney was there and said it was vacated.

Q. It was vacated? The judgment was vacated?

A. Yes. The next day. She's not appear, the --

Q. So what has that got to do with Welfare?

A. She do everything. She was long time in the Social Security. I heard from the Social Security. I believe that. I believe that she's interested and she make me all troubles, that I haven't got the ability to ever think. I think so. But nobody hears of a judgment signed by judge. It was (unintelligible). She'd never appear and she punctuate my name (unintelligible).

Q. Well, did you get -- go further on this $1,700 business?

A. What's that?

Q. Did you go further on it, after?

A. I tried to -- Albany, yes. But I received from Judge -- forgot the name -- to Albany -- to help from Albany, but it was. I asked to open the case but they want that -- he don't believe that I can do something to ask the secretary to give me who they send in judges but he refuse to give a hearing; but I don't receive from Albany this.

Q. All right, now what other work did you do besides being a cutter?

A. A machine operator and I was --

Q. What, sewing machine operator?

A. Sewing machine operator since the first years.

Q. What else did you do?

A. And after the plastic where they can make more holes, I worked as rabbinical supervisor short time but I was sick and --

Q. You were a rabbinical supervisor?

A. Yes, mishgiach (phonetic).

Q. In what?

A. Regency. This is catering in the Queens, short time, Regency, about 6, 7 weeks.

Q. When was that?

A. The last years, the last year where I was working.

Q. '60 what, '64, '63?

A. In the paper. Sorry I don't remember. I got the paper there? It would be '62 or '63, maybe '63.

Q. Well, what does it mean, rabbinical supervisor? What were your duties?

A. This is -- the rabbi was away. He was away on vacation. They make kippur (unintelligible). In the afternoon (unintelligible) where the cantor -- in place of the rabbi -- the cantor -- but I have to fill in the rules and they have to look up the meat -- kosher. It was a good job for me. I have to be the weekends for $75. It was very good and I got supper also. But many days when I got the arthritis I became (unintelligible).

Q. Well, are you trained to be rabbinical supervisor? Do you have training in that?

A. I started in Europe. At first the rabbi was away for a few months in Israel. He tell me then I can be must here. The rabbi came back and he was -- but my work was later to watch the meat for everything kosher, to watch in the kitchen. See that it got separated for the meat and separate from the milk, in place of the rabbi. This job they want to give me for all year. But I was sick and I don't --

Q. Who wanted to give it to you all year round?

A. The Regency. Rabbi Shayberg (phonetic).

Q. The agency?

A. No, the Regency in the Queens.

Q. Well, you worked for the Regency Caterers. Is that right?

A. Yes. But I was working for Rabbi Shayberg, assistant to Rabbi Shayberg. He send me.

Q. And he was ready to hire you all year around. Is that right?

A. Yes, but many times I was sick and no can appear.

Q. Is this the kind of work you like?

A. It's work I can make. I like every work.

Q. But this is not such a difficult work. You don't have to use your hands. You just review -- you're a supervisor, right?

A. To speak with the people when they come to ask what's kosher or not. To speak with the people, they want to make weddings or Bar Mitzvahs. Many times --

Q. Well, tell me, when you worked as a mishgiach -- when you worked, did ~~they consider you an employee?~~ Did they take off Social Security?

A. Yeah, sure.

Q. Who was your employer? The caterer?

A. Yes, this was a very big place. Many times they have 2,000 people and weddings also. Many company, Jewish, Italian.

Q. I don't understand why you didn't continue in that work because that was a fairly light work.

A. Yes, very light. But it was days I was sick and I don't even appear.

Q. What do you mean you couldn't appear? You lived in Brooklyn. Is that right?

A. Yes, I lived in Brooklyn.

Q. Was there a long travel between Brooklyn and --

A. No. Many times they took me in a taxi, in a car.

Q. In time to pick you up in your house and he took you to Queens, to Jamaica?

A. Yes. 'Cause the cantor, he was going and then he would always be there, the cantor, he live -- and ride together.

Q. Did you get the job through the cantor?

A. No, no.

Q. Did the cantor get you the job?

A. No, no, Rabbi Shayberg. Cantor was separate. He got the separate job but the rabbi he got the (unintelligible) -- the rabbi's name. The rabbi give me the job, Rabbi Shayberg. Many times when I got the (unintelligible), many times in summer also I got the bills (unintelligible) last year. But I believe this came from the plastic.

Q. Well, did you sue them on Workmen's Compensation, this plastic --

A. No.

Q. No?

A. Because I started then to make other work and the Boardwalk was an easy work, Boardwalk, to sell the (unintelligible) and I was by the cash register in Brighton and I also the same, I was -- felt sick. One time I took coffee. They pour me the coffee and the foods in the building.

Q. I see. Do you have any other income now besides your Social Security?

A. I got from German -- from German I became -- my wife became sick.

Q. Youre getting sick benefits from Germany?

A. Yes.

Q. Is that on a regular basis, so much a month they pay you?

A. Yes, but many times it is different, a dollar or two.

Q. What do they pay? What do they pay you?

A. Now, I became $106 from the (unintelligible).

Q. $108 a month?

A. Yes.

Q. Is that for you and the wife?

A. No, for me, for me myself.

Q. And your wife gets benefits too?

A. Since the war. I think about 23 --

Q. Is this for the rest of your life you get this?

A. Yes.

Q. How long are you getting this?

A. I got this from this year. March, I don't know.

Q. Now what did you claim when you got this? You claimed some disability. Is that right?

A. From German. I lived before in German. I lived from 1920 to 1925 in German and I left German when Hitler came.

Q. I know, but did you have a claim with the German Reparations Commission?

A. Yes. I talked to them that I am sick and they send me to the doctors and then they tell me, 'We help you."

Q. Did you have a lawyer representing you before the German Commission?

A. Not always. At first I got it on my wife. She needs it. I got a lawyer, also.

Q. Where was the lawyer, a New York lawyer or a German lawyer?

A. German.

Q. Did they give you a lump sum benefit to cover you for back period of time, the German Reparations?

A. Yes.

Q. How much lump sum did they give you?

A. I don't remember.

Q. Roughly, what? 5, 10, 20?

A. No. You give this very good. I think $4,000.

Q. $4,000, right?

A. Yes.

Q. When did you get that? How long ago?

A. That's for a year before, about --

Q. 1968, '69?

A. 1969 maybe, '68 or '69. But this year for this year.

Q. All right. Now they don't give money for nothing, right? Why did they give you money?

A. I lived before in German until 19 --

50

Q. Did you claim that you were injured?

A. No, not about . injured. I lived in German until 1925. I was away because I was plenty sick -- and -- I lived in Sabrecka (phonetic). It was a small -- no was German, no was French. Czar -- in Czar.

Q. Well, were you in a concentration camp?

A. No. I was a Russian. At the time I was a Russian.

Q. Well, they only paid off people whom they injured. Is that right, the Germans?

A. No. They paid people. I was away from the Pole to Russian because the German came to us and the --

Q. Well, what was the reason they pay you, Mr. Nathan Gold? Why did they pay you?

A. They pay me because I live in 1930 --

Q. All right. You left in '35 so what has that got to do with paying you off, because you left in '35?

A. Then I was in Poland -- from Poland to German again. They call out go to the Russian and I give this -- in Russia I was sick and now --

Q. You were sick in Russia?

A. Yeah. I got the operation.

Q. What year was that?

A. '41 or '42, '41 maybe.

Q. And did you blame the Germans for the sickness?

A. Yeah.

Q. What kind of sickness did you have then?

A. It was a typhus.

Q. Typhus? Tuberculosis?

A. Yes.

Q. You got tuberculosis.

A. Yeah, but later --

Q. You got that in -- when Russia --

A. Russia.

Q. And you blamed the Germans for this. Is that right?

A. Yes. Then I was working.

Q. Wait a minute. Now the Germans agreed that they were responsible for tuberculosis. Is that right?

A. Yes.

Q. Is that why they paid you because of tuberculosis?

A. They pay me because I came to Russia because the German -- Poland -- out from Pole.

Q. You were thrown out of Germany, thrown out of Poland, and you landed in Russia?

A. Yeah. And I was sick in Russian then I was better and I was working here in United States and now I am sick here. I no can do nothing. I work. After I was young, I was sick and then I feel better and I was working here many year. I work (unintelligible) from here, but I was working.

52

Q. But tell me, did you file papers with the German authorities? You have a lawyer filing papers. Is that right?

A. Yes.

Q. You got those papers home, copies of those?

A. Yes. Everything from the lawyer. Everything is from the lawyer.

Q. But you gave the lawyer the information. Is that right?

A. I gave the lawyer the information that before I was sick, but when I came to United States I feel better and I started to work and now I am this age and I am so sick and they send me to many doctors.

Q. There is no evidence of any reactivation of this typhus or tuberculosis, is there?

A. I don't know it was tuberculosis. I was -- it was everyone that was from Poland. They was sick and typhus or is that -- they call it -- just the typhus. (Unintelligible) typhus. I don't know how you call it, but later I was feel better. After this I was better but I got an accident also in 1945 or '4, but after this I was -- feel like in here. I was working and I was sick, but --

Q. All right, now let me try, did they pay you because they killed any of your relations, the Germans?

A. No.

Q. They only paid you because they kicked you out of their country and you developed a sickness, tuberculosis. Is that right?

A. No, no. I get it because I feel better, after this I am

30 years and that's what --

Q. But why are they paying you this?

A. Because I work then but I am now not able to work and I need an income and I tried to work.

Q. Would you blame your inability to work on their treatment?

A. Yes.

Q. Back then. You can't blame what happened in the United States on the Germans. Can you? The Germans are not going to pay you unless you can prove that you were injured by them, right?

A. Yes.

Q. Now, were you able to prove that you were injured by them, is that right? Otherwise they wouldn't pay you. Is that right?

A. Yes.

Q. What did you prove, that they injured you? Is that right?

A. That I came to Russia because the German throw us out from the home from Poland. I was this time sick.

Q. You were this time sick but were you sick because they threw you out?

A. No, because I got two accidents in Russian. One time was accident -- it fell up.

Q. When they threw you out of Germany, does that mean they got to pay you?

A. No.

Q. Well, why are they paying you? I'm trying to figure that out. The Germans don't pay you unless they feel they have to pay you.

A. They throw me out and was sick in Russia. One time I was sick. There was -- everyone was sick, the same sickness. And then I got an accident. We was working by the stones.

Q. Who was working?

A. I was working.

Q. Where, in what country?

A. In Russian.

Q. What year?

A. About '44.

Q. Who were you working for, the Germans or the Russians?

A. The Russians.

Q. You were working for the Russians? Well, the Germans don't care about that, do they?

A. The Germans -- it come from the Germans don't throw me out from Poland. I even got the accident in Russian.

Q. In other words, you blame the Germans for the accident because they threw you out. Is that right?

A. Yes. And then I tell, I think I --

Q. Did they pay you on account of the accident?

A. Yes. They pay me.

Q. What kind of accident was it?

A. I was working for stones (phonetic). We was covered from

stone, in Russia. We was -- we were -- it was (unintelligible). We was working -- we was many hundreds of people but I was this time with the pains, everything. I was in the hospital in Menhaus (phonetic) but I tell them from this accident that I got in Russian now started the old sickness that I got with the stomach and here with the choking. It come now because of this age. It come now from the sickness what I got from Russia and they send me to many doctors 4-5 doctors and then from this year before they give me -- but he send me away because I was away -- they call us Baouf (phonetic) because I live in German and I must go away in 1935 because the Hitler hasn't started. They give me a little from this and now they give me for this year -- they give me to the 6th of -- I got now $108. Before I got $60, $70. Now I got $108 together.

Q. In other words, they took responsibility for your illnesses now. Is that right?

A. Together.

Q. Together, they took --

A. No, because it came maybe from before.

Q. Now you said you saw a doctor in this country?

A. Yeah, many doctors.

Q. And they sent the report to the Germans?

A. Yes, to Poland and they send me to --

Q. You've got the medical reports that they sent to Germany? Do you have those?

56

A. I don't know. They send everything to the chief back to -- that the Germans send me. The Germans send me then to -- them doctor. Not a private doctor.

Q. The Germans sent you to their doctor?

A. To their doctor. Their doctor make me all kind of x-rays.

Q. What's the name of their doctor?

A. I don't know.

Q. When did they send you to their doctor?

A. The 12th of -- last year. About 15 -- but for this year --

Q. I'd like to get a report from their doctor.

A. A report? ~~What is that what they~~ do with me -- with here? What have the Germans to do with the -- with my -- with the United States?

Q. That's what I'm trying to find out.

A. What did you find out?

Q. I'm trying to find out how the German doctor decided that they would pay you more money. They decided to assume responsibility for your injury.

A. They pay me before this when I lived in Germany -- when I left Germany.

Q. Yes. This I don't understand.

A. They pay me for the sick benefits, they give me $108 together. That's for this year.

Q. All right. Do you object if we secure the medical reports

from the German doctors? Is that all right with you if we get those reports?

A. To me I'd be satisfied.

Q. All right. I'd like to find out where you write to get the reports. I'll write right away and we may be able to get them and put them in your folder here.

A. I don't know if this belongs to here, the Germans releasing it.

Q. Assuming they would release it here. I don't know whether they might.

A. I know that when I give the doctor -- when I was here and the Social Security offered them letters. He was arguing with me when I came to them and I called in the night. I got very sick. They bothered me -- I don't even want to go -- to write to the Social Security. I called and I called, Dr. Smith (phonetic), Dr. Mason (phonetic). I don't want to bother the doctor. Nothing to do with my sickness here. I was working here. I was sick from the work and I am paid for the disability. I don't feel bad at the doctor. When I sick in the night, the doctor won't come to me in my home, because the Social Security --

Q. You don't want me to get these reports then.

A. I asked him -- asked him and he give me a examination, the doctor.

Q. Do you know the doctor's name?

A. Yeah. Pace (phonetic), Pace, but I don't remember the address, in 5th Avenue. But I know that the doctor is not happy.

Q. No doctor is happy giving out reports, but that's not the point.

A. The time -- the doctor's time -- the doctors here in the United States -- it's for 2 seconds, 3 seconds. When I came to doctor I pay $10 or $15, a few minutes. Fifty people are waiting. He has to write, his secretary, and I don't want to bother him. It's not necessary.

Q. Well, if you give me the name of the doctor I could write to him maybe. You write it out yourself.

A. He's done with me. I don't want to bother him because the other doctors are so busy. Nobody want to come in my home before. Before, I call a doctor and in a minute or two I got a doctor. I must have got 10 doctors, but one came. He send somebody, but he started to --

Q. Do you blame the back trouble on this accident back in Russia when you were buried --

A. No, not from Russian, but I got this sickness -- is -- was done better. But when I came in this age and I got a little from the war, then I feel a lot better, not worser. Maybe what I got from before. I'm not a doctor. I don't -- but I believe this and I got the trouble with the Russia, maybe I can tell the people.

Q. Have you ever worked as a mishgiach since the last time in the last few years?

A. One time when I was working but -- yeah, down by Hoya (phonetic). I make appointment to come but this the day I was sick.

Q. When was this?

A. This was 1963, '63, yes.

Q. Have you worked since that time?

A. No. '63 I no was working. Then '64 I started but I was stop.

Q. What is your main trouble? What bothers you now?

A. The trouble is I got, they call it a hernia stomach.

Q. You have a stomach -- they call that a hernia, right?

A. Yes, the doctor tell me.

Q. You've got a hernia, right?

A. When I became -- the pain and I got --

Q. Is that your main trouble, your hernia in your stomach?

A. The hernia in the stomach and I got all kinds medicines when I came -- became the pain and I was sick in this trip.

Q. What else bothers you besides the hernia in the stomach?

A. This and it came together with the arthritis. Many times I got the arthritis in the back.

Q. The x-rays don't show up that you have such a bad arthritis in the back. The x-rays don't show this.

A. From where the x-rays? From Mt. Sinai Hospital the x-ray don't show?

Q. Well, Dr. Battaglia took x-rays. Is that right?

A. No, he don't took x-rays.

Q. He took x-rays of your chest.

A. No. He took me in basement -- window. He make me to stay 20 minutes and I was cold -- pain I became, in the stomach. I knock at the door. He come. "Take off your clothes." He don't make the x-rays, nothing. But the next day he came to my apartment and they send me to the hospital. The three of us -- take to Mt. Sinai Hospital many times. The last time, the last years also -- from Island also.

Q. Did you have a head injury in 1963?

A. '63? No, later.

Q. When later?

A. About 2 years, 3 --

Q. What happened?

A. Hernia operation I got -- Kings --

Q. A head -- I mean of the head? Did you have a head injury?

A. No.

Q. Never had a head injury. Hernia operation you had a few years back.

A. Yeah.

Q. You were wearing a truss before that, is that right?

A. Please?

Q. You were wearing a truss before that?

A. Yes. I got the biggest trouble with the arthritis. I can't even -- I can't take a coffee -- the hands -- because the hands are shaking.

Q. Did you see Dr. Grodzicker?

A. Grodzicker? Many times, yes.

Q. He says that you have arthritis.

A. I think he died.

Q. Arthritis, and you have high blood pressure.

A. By him I was more times. He died because -- he didn't tell me -- no more the office.

Q. You go to a doctor now?

A. Yes.

Q. Who? Who do you go to?

A. Dr. Mason (phonetic).

Q. Who?

A. Dr. Mason.

Q. Is he a new doctor? You haven't seen him before?

A. No, I see him before also, but the last time he is very busy and when I call in the night he don't came over. He send me. I got another doctor also. He found nothing. It cost $5.00 for the stomach.

Q. Now when you went to Mt. Sinai Hospital, did they take x-rays?

A. Many times.

62

Q. Did they take x-rays of your back?

A. Back and the knee, hand. But they tell me they don't care to help me, nothing. In winter I must be in the house -- not go out.

Q. Now, did the Mt. Sinai send you to the arthritis clinic?

A. Yeah, many times.

Q. What did they do for you?

A. They give me medicine, they -- all time medicine. In summer they help me a little. But in winter not help, no. Would be in bed. The trouble is not only the stomach;when I became together, the stomach and the arthritis, and then I got the nose broken. I no can -- what you call it -- ~~together, then~~ I don't go myself in winter; I don't go out. When I go, somebody go with me. Many times I fall -- in the knee -- I never can make. ~~In summer~~ I feel better. I can walk.

Q. Now, x-rays were taken of your knees and your elbows.

A. Yeah, many times.

Q. They were taken April 1968 at the Coney Island Hospital.

A. Coney Island? At Mt. Sinai I got many times x-rays.

Q. They said you had minimal osteoarthritis.

A. Minimal?

Q. Minimal.

A. At Coney Island they write anything that the Social Security ask them.

Q. What do you mean? Do you think the Social Security -- you

went to the Coney Island Hospital. The Social Security didn't send you there.

A. No, the Social Security -- the Coney Island Hospital is working against me always. I stop; I don't go to them anymore. Because they give me last time --

Q. They said you had minimal osteoarthritis on the x-ray.

A. Mt. Sinai -- what's wrong?

Q. I don't know; we haven't seen what Mt. Sinai wrote. But this was back in '68, now this was closer to the time when you were insured.

A. I was claim about the money -- Coney Island I was claim -- from Senator -- what's his name? He make one time about the doctors and the Hospital and the rooms. Senator -- I forget the name. I once tried to handle them. I came a long time with the nose broken -- years ago. And he give a false report and they make everything to make so that I don't know what became -- Social Security -- nothing.

Q. Well, do you feel they should have found a severe osteo-arthritis in your case?

A. Please?

Q. Do you think if they were having a conspiracy against you, that they would have found --

A. The chief, the chief doctor, yeah.

Q. They would have found a severe osteoarthritis? Do you think so?

A. Because any doctor when he take -- examine me, he will say what kind I got. I got arthritis in the back, in the hands, in the knee. But Mt. Sinai I got many times. Years ago -- let's find something. Maybe in Kings for the ulcer. I don't remember. I got very big expenses. I -- they took me about $200, the rent, the gas, electric, telephone, $200. Now I just got minimum $20 a month, medicine for me and for my wife. My income -- everything together it will be about $300. Yes, about $300. I nearly have $400 here. I got $55 for table -- to eat. I cannot do this. I got a few thousand. I got two lawyers who took all my money. Now I am broken. We work -- everything that I got. I need disability. I got even --

Q. Are you active in a synagogue?

A. Before I was active and now I no can go -- only Saturdays.

Q. Do you go every Saturday?

A. Every Saturday.

Q. Is that near your house?

A. Yes, a few blocks, two or three blocks. Many times --

Q. Are you active in the organization?

A. No, because I was sick.

Q. Were you active before?

A. Before, yes.

Q. How active were you?

A. What they need and help, and many times Bar Mitzvah boys, they

no can pay for the synagogue. Some day I give the lessons but now I don't -- I no can speak.

Q. You were a Hebrew teacher?

A. No, I was not a teacher. I was only -- they got a Hebrew teacher. They got many people no can pay. The teachers they don't get paid. And some days I give --

Q. You were giving them free lessons?

A. Free lessons, yes.

Q. Did you ever work for the synagogue?

A. No. Help everything -- to sell tickets, the holiday I was helping, but now I don't can take nothing. Before I pay $5, $3 -- nothing. I paid for the poor sick before -- $5, $3, $5 -- I no can eat. I eat mostly vitamins -- $5, $3.

Q. I don't believe I have anything further to ask of you, Mr. Gold. I have no further questions to ask you. The hearing is closed. My decision will be reserved.

A. May I ask you -- got a report from Biagio -- the report from Dr. -- ?

Q. Battaglia?

A. Battaglia, yeah.

Q. Well, what good is it to you? What do you want it for?

A. Because the old report is late not the day I spoke to you.

Q. What?

A. Claim about nervous because --

Q. What's that got to do with nervous? He doesn't say you're nervous. Why do you want the report? That's what I'm trying to find out.

A. Because he don't want the truth what I spoke to him.

Q. He went beyond the report so I mean, the report doesn't show it. What good is it to you?

A. He have to give the report that he was by me that they send me to a hospital, to make a biopsy.

Q. Well, what are you going to do with this report? That's what I'm trying to find out.

A. Maybe I need it.

Q. What do you need it for?

A. To show that he -- that he send this to the nervous doctor. That he got interest, something.

Q. Well, this is only for use for Social Security purposes, Mr. Gold. It can't be used for a private purpose. I'm not at liberty to let you have it. You have to understand that.

A. That's a private --

Q. If you want to use it to sue him -- I presume that might be in the back of your mind. This can't be used for that purpose.

A. No, for this purpose.

Q. To what purpose?

A. Maybe I need to make a claim. I am entitled to my disability.

I am entitled to disability. If I don't get disability, I will fight for this -- my rights, I will try. I will show that he is -- that he no can -- I will claim about nervous to the Social Security.

Q. I tell you what. I would send this report to your doctor, but I don't believe that you should have it yourself. You want me to? The only reason I would --

A. To my doctors?

Q. That's the only reason I would send the report, direct to your doctor, but other than that, to send it directly to you, I don't think it would be of any value at all. It would be of no value to you. I would send it to a doctor that you would have or a lawyer that you would have, but to give it directly to you, I don't think it would serve any very useful purpose.

A. It's no good. When I need is later. If I don't get my disability, I would fight.

Q. Well, you get yourself an attorney or a doctor. I would gladly send it to him but to show it -- to give it to you, I believe it would prejudice you and cause more trouble than it's worth.

A. I think that I need this for the benefit when I don't get my disability that belong to me. I will fight. Now I need this and I need from Coney Island also, and the report from Mt. Sinai and it's not the old report. I will ask from the years ago that I was in Mt. Sinai. Maybe later. Maybe benefits all right and I don't need this.

Q. All right. Hearing closed; decision reserved.

A. Thank you.

(The hearing was closed at 11:56 a.m., on September 8, 1970.)

C E R T I F I C A T I O N

I have read the foregoing and hereby certify that it is a true and complete transcription of the testimony recorded by a [redacted] open mic microphone reporter at the hearing held in the above case before Hearing Examiner Sidney J. Fenster.

Judith E. McCloy

Judith E. McCloy, Transcriber

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form approved.
Budget Bureau No. 72-R530.1
(Do not write in this space)

69

APPLICATION FOR DISABILITY INSURANCE BENEFITS

NOTICE. — (a) Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act, or (b) whoever, having received a payment for the use and benefit of another person, knowingly and willfully uses such payment for other than the person for whom it is received, is subject, under the Social Security Act, to a fine of not more than $1,000 or 1 year's imprisonment, or both.

I hereby apply for a period of disability and/or all insurance benefits payable to me under Title II of the Social Security Act, as amended.

1. Enter your full name: Markar Gald

(Check one) ☒ Male ☐ Female

Enter your Social Security number (If none or unknown so indicate): 109 28 7273

2. Enter your date of birth (Show month, day, and year): 1/13/08

Enter the name of the City and State or Foreign Country where you were born: Poland

3. (a) Have you (or has someone on your behalf) ever filed an application for monthly social security benefits before? ☐ Yes ☒ No

(If "Yes," answer (b), (c), and (d). If "No," go on to item 4).

(b) Kind of claim filed

(c) Enter name of person on whose earnings record you filed other application(s)

(d) Enter Social Security Number of person named in (c)

4. What is your disability? (Briefly describe your impairment, that is, the injury or illness that prevents, or has prevented, you from working.)

Nervous condition, Ulcer, Kidney, Hypertension, Low back pain.

5. (a) When did you become unable to work because of your disability? DATE (Month, day, and year): 1963

(b) Are you still disabled? ☒ Yes ☐ No (If "No," answer (c).)

(c) If you are no longer disabled, enter the date you were again able to work. → DATE (Month, day, and year)

6. Check the first block which applies to you.

(a) ☐ Confined in a medical institution other than a general hospital	(d) ☐ Confined in a chair (Including wheel chair)
	(e) ☐ None of the above but unable to go outside
(b) ☐ Patient in a general hospital	(f) ☐ Able to go outside but only with help of another person or device
(c) ☐ Confined in bed at home	(g) ☒ Able to go outside without help

FORM OA-C16 (11-65) (Over)

EXHIBIT Exhibit No. 1

70

7. (a) Have you filed (or do you intend to file) a claim for disability benefits under any workmen's compensation law or plan? ☒ Yes ☐ No

(If "Yes," answer (b). If "No," go on to item 8.)

(b) If you have filed such a claim, has there been a decision on the claim? ☐ Yes ☐ No

(If "Yes," answer (c). If "No," go on to item 8.)

(c) Enter the amount of the weekly payment made to you. $192 lump sum

(If you are receiving or have received payments on other than a weekly basis, such as bi-weekly or monthly payments, or if you have received a lump-sum payment based on your workmen's compensation claim, please indicate in "Remarks" and include the amount of such payment or payments.)

8. Did you work in the railroad industry any time on or after January 1, 1937? ☐ Yes ☒ No

9. (a) Were you in active military or naval service after September 7, 1939? ☐ Yes ☒ No

(If "Yes," answer (b) and (c). If "No," go on to item 10.)

(b) Enter name of branch (Army, Navy, etc.), country served (if other than U.S.) and dates of service.

(c) Have you received, or do you expect to receive, a benefit from any other Federal agency? ☐ Yes ☐ No

(If "Yes," enter the names of all such agencies.)

10.
- Enter the names and addresses of all the persons, companies or government agencies for whom you worked during the last 12 months.
- If you worked in agricultural employment, give this information for this year and last year.
- If you were not employed during the past 12 months, enter the information for your last period (no matter how long) of employment.

NAME AND ADDRESS OF EMPLOYER	WORK BEGAN		WORK ENDED (If still working show "Not Ended")	
	Month	Year	Month	Year
Nelson Brothers Boardwalk & 5th Ocean City, NJ	May	1962	Nov.	1962
Acme Parcels Acme Pl. Jeffersonville				

(If you need more space, use "Remarks" space on the back page.)

11. May the Social Security Administration or the State agency reviewing your case ask your employers for information needed to process your claim? ☒ Yes ☐ No

12. Were you self-employed this year, last year, or the year before? ☐ Yes ☒ No

(If "Yes," answer question 13. If "No," go on to item 14.)

13.

Check the year or years in which you were self-employed.	In what kind of trade or business were you self-employed?	Were your net earnings from your trade or business $400 or more? (Check "Yes" or "No")
☐ This Year		
☐ Last Year		☐ Yes ☐ No
☐ Year Before Last		☐ Yes ☐ No

14. How much were your total earnings last year? *(Count both wages and self-employment income. If none, write "None")* ..... $ None

15. How much have you earned so far this year? *(If none, write "None")* ..... $ None

16. (a) Are you married? ☒ Yes ☐ No
(If "Yes," give the following information about your wife or husband.)

WIFE'S MAIDEN NAME OR HUSBAND'S NAME	DATE OF BIRTH *(If unknown show age)*	DATE OF MARRIAGE	If husband or wife is age 62 or over or is filing for disability benefits, enter his or her Social Security No.
Minnie Quackenbush	5/3/11	1954	124-26-5225

(b) If you are a married woman, was your husband receiving at least one-half of his support from you at the time you became unable to work because of your disabling condition, or is he receiving at least one-half of his support from you now? ☐ Yes ☐ No

17. Your unmarried children (including natural children, adopted children, and stepchildren) may be eligible for benefits based on your earnings record if they are now, or were, in the past 12 month:

- under age 18
- age 18 to 22 and attending school
- age 18 or over and under a disability (which must have begun before age 18)

If you have children who may qualify for benefits under any of the above conditions, answer (a) and (b).

(a) Name of each such child

NAME OF CHILD	NAME OF CHILD

(b) Do you wish to apply, on behalf of all the children named in item 17(a) for all insurance benefits payable to them under Title II of the Social Security Act, as amended? *(You may apply even though you do not wish to be payee for a child's benefits.)* ☐ Yes ☐ No

(If "No," enter under "Remarks" the name of each child for whom you are not applying and give your reasons.)

18. Answer question 18 only if you are married and your husband or wife is applying for benefits.

(a) Check (√) whether your marriage was performed by:
Clergyman or authorized public official ☐, or other ☐ _____ *(Explain)*

(b) Were you married before your present marriage? ☐ Yes ☐ No
(If "Yes," give the following information about each of your previous marriages.)

PREVIOUS MARRIAGE	TO WHOM MARRIED	WHEN *(Month, day, and year)*	WHERE *(Enter name of city and State)*
	HOW MARRIAGE ENDED	WHEN *(Month, day, and year)*	WHERE *(Enter name of city and State)*
PREVIOUS MARRIAGE	TO WHOM MARRIED	WHEN *(Month, day, and year)*	WHERE *(Enter name of city and State)*
	HOW MARRIAGE ENDED	WHEN *(Month, day, and year)*	WHERE *(Enter name of city and State)*

(Use "Remarks" space for information about any other marriage.)

19. Do you have a dependent parent who was receiving at least one-half of his or her support from you at the time shown in item 5(a) when you became unable to work because of your disability? ☐ Yes ☒ No

(Over)

20. Do you authorize any physician, hospital, agency, or other organization to disclose to the Social Security Administration or to the State agency that may review this application or your continuing disability, any medical records or other information about your disability? [X] Yes [ ] No

72

The events listed below may affect your entitlement to disability insurance benefits:

(a) Your MEDICAL CONDITION IMPROVES so that you would be able to work, even though you have not yet returned to work.

(b) You GO TO WORK whether as an employee or a self-employed person.

(c) You apply for periodic benefits under any workmen's compensation law or plan.

If you are now hospitalized –

(d) You are DISCHARGED FROM THE HOSPITAL.

21. Do you agree to notify the Social Security Administration promptly if any of the above events occur? [X] Yes [ ] No

Answer question 22 only if (a) you are at least age 62 (or are a widow at least age 60) AND (b) you are not currently entitled to a reduced old-age insurance benefit or a reduced widow's insurance benefit. Persons at least age 62 (or widows at least age 60) may be eligible for reduced retirement benefits. If you accept such reduced benefits your payments will be permanently reduced. The amount of reduction will depend upon several factors such as, your age, whether or not your claim for disability insurance benefits is allowed, and the first month of your entitlement to benefits.

22. Do you wish this to be considered an application for any reduced benefits for which you may be eligible? [ ] Yes [ ] No

REMARKS: *(This space may be used for explaining any answers to the questions. If additional space is required, attach separate sheet.)*

IMPORTANT INFORMATION. PLEASE READ CAREFULLY. – A claimant for disability insurance benefits is required to submit medical evidence showing the nature and extent of his disability during the time he alleges he was under a disability. If such evidence is not sufficient to arrive at a determination, he may be requested to have an independent medical examination at the expense of the Social Security Administration. Should Social Security obtain information useful to his physician for treatment, such information may be furnished to him.

Knowing that anyone making a false statement or representation in an application or for use in determining a right to payment under the Social Security Act, commits a crime punishable under Federal law, I certify that the above statements are true.

If this application has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.

SIGNATURE *(Write in ink)*

1. NAME

SIGN HERE ⇨ Nathan Gold

ADDRESS *(Number and Street, City, State and ZIP Code)*

MAILING ADDRESS *(Number and Street, P.O. Box, or Route)*

3100 Ocean Pkwy

2. NAME

CITY, STATE AND ZIP CODE

Brklyn NY 11235

ADDRESS *(Number and Street, City, State and ZIP Code)*

DATE *(Month, day, and year)* 2/8/86

TELEPHONE NUMBER 718-996-1049

ENTER NAME OF COUNTY (if any) IN WHICH YOU NOW LIVE

Kings

STATEMENT BY WIFE OR DEPENDENT HUSBAND OF DISABLED PERSON

The wife or dependent husband of an applicant for disability insurance benefits should answer the following question if present when this application is completed, and is at least age 62, or, in the case of a wife under age 62, has in her care any child named in item 18 who is under age 18 or disabled.

Do you desire this application to be an application for any social security benefits payable to you? [ ] Yes [ ] No

SIGNATURE OF WIFE OR DEPENDENT HUSBAND *(Write in ink)*

⇨

GPO : 1985 O - 494-813

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

FORM APPROVED
BUDGET B. REAU 72R523.5

DISABILITY DETERMINATION AND TRANSMITTAL

1. FOLDER TO: DDO ☐ SA ☒ FC BR DCC ☐

2. DATE APP'D. 2/2/66

3. W/E (If Disabled Child Filing) OASI W/E ☐ DIB W/E ☐

4. SOCIAL SECURITY ACCOUNT NUMBER 109-28-7273 73

5. NAME AND ADDRESS OF CLAIMANT
Nathan Gold
3100 Ocean Pkwy
Brooklyn NY 11235

6. DB 1/13/08

7. SEX M ☒ F ☐

8. RACE W ☒ N ☐ O ☐

9. ACD 1963

AGE 55

11. CLAIM FOR: FREEZE ☐ DIB ☒ CHILD ☐

12. FAMILY STATUS: MAR. ☒ SG ☐ NO. CHILDREN (UNDER 18) 0

13. CC REQ. LAST MET 12/31/66

14. ☐ W/E DOES NOT MEET 20/40 REQ.
A. ☐ DIS., DDO REVIEW B. ☐ SINCE LAST DET.

15. PREV. DENIED OR TERM. ☐

16. NON-DIS. DEV. IN PROGRESS ☐

17. MED. DEV. DEF. ☐

18. SA CODE 330

19. STATE New York

20. DISTRICT OFFICE ADDRESS AND CODE AND RO CODE
333 Av X
Brooklyn NY 11223 137-21

FILE REVIEWED & APPROVED FOR TRANSMITTAL

21. CLAIMS REPRESENTATIVE Mirkaly Madelle

22. DATE OF TRANSMITTAL 3/21/66

23. REMARKS

PURSUANT TO PROVISIONS OF SEC. 221 OF SOCIAL SECURITY ACT, IT IS DETERMINED THAT THE CLAIMANT

24. ☐ HAS BEEN UNDER A DISAB. SINCE

25. ☐ WAS UNDER A DISAB. A. DATE FROM B. TO

26. ☐ WAS NOT UNDER A DISAB. ON OR BEFORE (Date)

27. ☑ WAS NOT UNDER A DISAB.

28. CASE OF BLINDNESS AS DEFINED IN SEC. 216(i)
A. ☐ NOT UNDER A DISAB. FOR CASH BENE. PURP.
B. ☐ UNDER A DISAB. FOR CASH BENE. PURP. SINCE

29. DIAGNOSIS
CEREBRAL ARTERIOSCLEROSIS

30. MED. CODE 6

31. VOCATIONAL BACKGROUND (Occupation)
Shipower cutter

OCC. YEARS 5

EDUC. YEARS 6

32. BASIS FOR DETERMINATION
1523

☐ CONTINUED ON ATTACHED SHEET (Use OA-D834)

33. RECOMMEND RE-EXAM ON (Date) ACE

34. DISABILITY EXAMINER SA S Questal

35. DATE 9-7-66

36. REVIEW PHYSICIAN SA Edward Hippel, MD

37. DATE 9/3/66

TO BE COMPLETED BY SSA

38. ☐ CHILD'S DISABILITY BEGAN BEFORE AGE 18 AND CONTINUES
☐ CHILD NOT UNDER A DISABILITY WHICH BEGAN BEFORE AGE 18.

39. ☒ W/E MEETS 20/40 TEST IN 12/63 QTR.
☐ W/E DOES NOT MEET 20/40 TEST, HAS ____ OF 40 QTRS. ENDING ____

40. A PERIOD OF DISABILITY IS
☐ ESTABLISHED FROM ____ TO ____
☒ NOT ESTABLISHED

41. REMARKS

42. RE-EXAM REQ.

43. DISABILITY EXAMINER

44. DATE

45. DISABILITY EXAMINER Ethel Mecht K

46. DATE 9/24/66

CLAIMANT TO BE NOTIFIED BY:

47. ☒ DDO ☐ FC

48. LTR/PAR NO. 375 cf 808.8 (342)

49. PRIOR ACT ☐ PD ☐ PT ☐ REVISED

50. BASIS CODE I

51. A/OR D CODE D1

52. RETURN CODE R.

53. CATEGORY ☒ DIB ☐ SSF ☐ CH ☐ EG

54. SPEC. A. CODE

55. LS NO.

FORM OA-D831 (9/64)

1—FOLDER COPY

EXHIBIT NO. D 2 (3 pp.)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration

SQ:gk 3

74

CONTINUATION SHEET
FOR DISABILITY DETERMINATION

NOTE. --- Use this form only when necessary for continuation of Item 32 of "DISABILITY DETERMINATION" or Item 3 of "CESSATION OR CONTINUANCE OF DISABILITY".

NAME	NAME OF WAGE EARNER (IF DISABLED CHILD FILING)	SOCIAL SECURITY ACCOUNT NO.	DATE
Nathan Gold		109-28-7273	7/27/66

Claimant alleges disability as of 1963 due to a nervous condition, ulcer, hernia, dizziness and back pains.

Medical evidence indicates that the claimant had a history of tuberculosis 25 years a go and has severe pains all over his body at the present time. He is very nervous and suffers from insomnia, hallucinations, gastric disturbances and diarrhea. He is very forgetful. There are diagnosis of generalized arthritis, neuresthenia, gastric neurosis, and post gastric ulcer.

The claimant was examined by Dr. Battaglia, CEMD on 4/26/66. Chief complaint was difficulty remembering, and pains in the back, chest and knees when he bent over and on rainy days. His head sweats too easily and so he avoids walking. He occasionally looks for work but finds himself unable to work for more than an hour before resting. On examination the claimant was noted to have slight trouble hearing ordinary conversation. His fingers were not clubbed or cyanotic, he was comfortable at rest, rose from chair easily, had normal gait and manifested no dyspnea after walking 3 feet. The only significant finding was persistent cough during the examination. Blood pressure was 140/80. Interpretation of chest x-ray showed minimal fibrosis of the left lower lobe, no ~~apical~~ fibrosis suggestive of past tuberculosis, heart was normal in size and in spite of increased transverse cardiac thoracic ratio. EKG interpretation was normal. Mobility of lumbar spine is normal for a man of this age with minimal restriction of forward flexion. Claimant's voice is not hoarse, because of persistent co ugh, indirect mirror laryngoscopy was performed and the epiglottis appeared red and swollen and the ~~cords~~ could not be clearly visualized although they appeared white. There are diagnoses of deviated septum-nasal. Acute or sub-acute epiglottic inflammation. No surgical scar of abdominal surgery for gastric or other ulcer. Small traumatic scar left flank and right herniorrhaphy scar. Minimal fibrosis of the left lower ~~lobe~~. No evidence of arthritis on examination, no scars on knees or restriction of knee mobility. Probable cerebral arteriosclerosis. Prognosis: Not immediately unfavorable, except for need to re-evaluate status of laryngeal lesion. Impairment; permanent related to cerebral changes, deviated ~~nasla~~ nasal septum and possibly laryngeal disease exists.

The claimant was hospitalized from 5/3 to 5/13 for a throat biopsy.

It was the CEMD's impression that the cerebral arteriosclerosis was playing a major part in this claimant's impairment and it was determined to secure a psychiatric CE in order to obtain the level of medical severity and the remaining functional capacity.

Follow up on CEMD letter was made on 7/1/66. Mrs. Nathan Gold was much agrieved by the treatment for her husband had been getting from the State Agency. She wondered why the doctor hadn't called the claimant. She hung up and refused to listen to explanations or going into her complaints fully. Follow-up by District Office in accordance with the provisions of SM248G in order to explain to claimant his rights, responsibilities-also consequences if he does not comply with ~~undertake~~ on 7/13/66. The claimant' wife refused to see D/O interviewer and said that somebody was out to get them meaning her husband and herself. This attitude persisted despite the interviewer's efforts

Form OA-0834
(6-65)

FOLDER Exhibit No. 2 (page 7)

BEST COPY AVAILABLE

Social Security Administration

CONTINUATION SHEET
FOR DISABILITY DETERMINATION

NOTE. -- Use this form only when necessary for continuation of Item 32 of "DISABILITY DETERMINATION" or Item 3 of "CESSATION OR CONTINUANCE OF DISABILITY".

NAME	NAME OF WAGE EARNER (IF DISABLED CHILD FILING)	SOCIAL SECURITY ACCOUNT NO.	DATE
Nathan Gold		109-28-7273	7/27/66

and the claimant's wife requested that the matter be put in writing. A standard notic
was given the claimant's wife since she refused entrance to the apartment. She was
informed that establishment of benefits might hinge upon the outcome of the consulta-
tive examination.

In spite of efforts by State Agency personnel and District Office interviewer to secur
the claimant's cooperation as far as going for a consultative examination there was no
cooperation. Application for disability is therefore denied due to lack of cooperatio

Form 0A-D834
(6-65)

FOLDER Exhibit No. 8.2 (page 3)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SOCIAL SECURITY ADMINISTRATION

BALTIMORE, MARYLAND 21241

GIVE ACCOUNT NO 109-20-7273
WHEN WRITING ABOUT YOUR APPLICATION TO:
SOCIAL SECURITY DISTRICT OFFICE
333 Avenue X
Brooklyn, N.Y. 11223

AUG 24 1966

66 NOV -3 PM 12:11

Mr. Nathan Gold
3100 Ocean Parkway
Brooklyn, New York 11235

Dear Mr. Gold:

We have studied your application under the disability provisions of the Social Security Act. We find that you are not eligible to receive disability insurance benefits or to have your social security record frozen. Therefore, it has been necessary to deny your application.

To be considered disabled for social security purposes, a person must be unable to engage in any substantial gainful activity due to a medical condition. When your application was filed, the law required that the individual's impairment be expected to be of long-continued and indefinite duration. Recently, the law was changed to provide that the impairment must have lasted or be expected to last at least 12 continuous months. However, under both the previous and present law, the impairment must be so severe as to prevent the individual from engaging not only in his usual occupation but also in any other kind of substantial gainful work considering his age, education and work experience. Your claim has been carefully considered under both the old and new provisions of law.

In order to make a proper determination in this case, additional medical information is needed. We requested that you take a medical examination at our expense but you have not complied with our request. Therefore, a determination has been made based on the evidence in your file. This evidence does not show that your condition is disabling within the meaning of the previous or present provisions of law.

Definitions of disability are not the same in all government and private disability programs. Government agencies must follow the particular laws which apply to their disability programs. Therefore, a finding by a private organization or another government agency that a person is disabled would not necessarily mean that he meets the disability requirement of the Social Security Act.

If you believe that this determination is not correct, you may request that your case be re-examined. If you want this reconsideration you must request it not later than 6 months from the date of this notice.

Exhibit No. 3 (2 pages)

You may make any such request through your local social security district office. If additional evidence is available you should submit it with your request. Read the enclosed leaflet 858 for a full explanation of your right to question the determination made on your claim.

This notice concerns only your disability application. It is not a decision as to whether old-age benefits will be payable at retirement age 62 or whether survivors insurance benefits will be payable in the event of your death.

According to your present earnings record and the date of birth you gave us, you have enough credit for work under social security to qualify you for old-age insurance benefits at age 62.

If you have any questions about your claim, you should get in touch with the district office shown above. If you call in person, please take this notice with you.

Sincerely yours,

Lester O. Weber, Chief
Evaluation and Authorization Branch

Enclosure:
OASI-858

sreid 10 8-23-66

Exhibit No. 3 (page 2)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

DRT - 1

Form approved.
Budget Bureau No. 72-R5

(Do not write in this spac

APPLICATION FOR DISABILITY INSURANCE BENEFITS

NOTICE.—(a) Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act, or (b) whoever, having received a payment for the use and benefit of another person, knowingly and willfully uses such payment for other than the person for whom it is received, is subject, under the Social Security Act, to a fine of not more than $1,000 or 1 year's imprisonment, or both.

I hereby apply for a period of disability and/or all insurance benefits payable to me under Title II of the Social Security Act, as amended.

1.	Enter your full name NATHAN GOLD	(Check one) ☒ Male ☐ Female	Enter your Social Security number (If none or unknown so indicate) 109 | 28 | 7273
2.	Enter your date of birth (Show month, day, and year) 1/13/08	Enter the name of the State or Foreign Country where you were born POLAND	
3.	(a) Have you (or has someone on your behalf) ever filed an application for monthly social security benefits before? ☒ Yes (If "Yes," answer (b), (c), and (d).) ☐ No (If "No", go on to item 4.)		
	(b) Kind of claim filed DIB		
	(c) Enter name of person on whose earnings record you filed other application(s) my own	(d) Enter Social Security Number of person named in (c) — — — | — — | — — — —	
4.	What is your disability? (Briefly describe your impairment, that is, the injury or illness that prevents, or has prevented, you from working.) Stomach Trouble; arthritis		
5.	(a) When did you become unable to work because of your disability?	DATE (Month, day, and year) 1963	
	(b) Are you still disabled? ☐ Yes (If "Yes," go on to item 6.) ☐ No (If "No," answer (c).)		
	(c) If you are no longer disabled, enter the date you were again able to work. →	DATE (Month, day, and year)	

6. Check the first block which applies to you.

(a) ☐ Confined in a medical institution other than a general hospital	(d) ☐ Confined in a chair (Including wheel chair)
	(e) ☐ None of the above but unable to go outside
(b) ☐ Patient in a general hospital	(f) ☐ Able to go outside but only with help of another person or device
(c) ☐ Confined in bed at home	(g) ☒ Able to go outside without help

FORM SSA-16 (10-68) (Over)

EXHIBIT No. (4/79)

7. (a) Have you filed (or do you intend to file) a claim for disability benefits under any workmen's compensation law or plan? ☐ Yes ☒ No

(If "Yes," answer (b). If "No," go on to item 8.)

(b) If you have filed such a claim, has there been a decision on the claim? ☐ Yes ☐ No

(If "Yes," answer (c). If "No," go on to item 8.)

(c) Enter the amount of the weekly payment made to you . . . . . AMOUNT $

(If you are receiving or have received payments on other than a weekly basis, such as bi-weekly or monthly payments, or if you have received a lump-sum payment based on your workmen's compensation claim, please indicate in "Remarks" and include the amount of such payment or payments.)

8. Did you work in the railroad industry any time on or after January 1, 1937? ☐ Yes ☒ No

9. (a) Were you in active military or naval service after September 7, 1939? ☐ Yes ☒ No

(If "Yes," answer (b) and (c). If "No," go on to item 10.)

(b) Enter name of branch (Army, Navy, etc.), country served (if other than U.S.) and dates of service.

(c) Have you received, or do you expect to receive, a benefit from any other Federal agency? ☐ Yes ☐ No

(If "Yes," enter the names of all such agencies.)

10.
- Enter the names and addresses of all the persons, companies or government agencies for whom you worked during the last 12 months.
- If you worked in agricultural employment, give this information for this year and last year.
- If you were not employed during the past 12 months, enter the information for your last period (no matter how long) of employment.

NAME AND ADDRESS OF EMPLOYER	WORK BEGAN		WORK ENDED (If still working show "Not Ended")	
	Month	Year	Month	Year
Dont remarks				

(If you need more space, use "Remarks" space on the back page.)

11. May the Social Security Administration or the State agency reviewing your case ask your employers for information needed to process your claim? ☑ Yes ☐ No

Were you self-employed this year, last year, or the year before? ☐ Yes ☒ No

(If "Yes," answer question 13. If "No," go on to item 14.)

13.

Check the year or years in which you were self-employed.	In what kind of trade or business were you self-employed?	Were your net earnings from your trade or business $400 or more? (Check "Yes" or "No")
☐ This Year		
☐ Last Year		☐ Yes ☐ No
☐ Year Before Last		☐ Yes ☐ No

14.	How much were your total earnings last year? *(Count both wages and self-employment income. If none, write "None")*	$ 0 80
15.	How much have you earned so far this year? *(If none, write "None")*	$ 0

16. (a) Are you married? ☒ Yes ☐ No
(If "Yes," give the following information about your wife or husband.)

WIFE'S MAIDEN NAME OR HUSBAND'S NAME	DATE OF BIRTH *(If unknown show age)*	DATE OF MARRIAGE	If husband or wife is age 62 or over or is filing for disability benefits, enter his or her Social Security No.
Minnie Israelowitz	5/3/11	1/31/54	124-26-5235

(b) If you are a married woman, was your husband receiving at least one-half of his support from you at the time you became unable to work because of your disabling condition, or is he receiving at least one-half of his support from you now? ☐ Yes ☐ No

17. Your unmarried children (including natural children, adopted children, and stepchildren) may be eligible for benefits based on your earnings record if they are now, or were, in the past 12 month:

- under age 18
- age 18 to 22 and attending school
- age 18 or over and under a disability (which must have begun before age 18)

If you have children who may qualify for benefits under any of the above conditions, answer (a) and (b).

(a) Name of each such child

NAME OF CHILD	NAME OF CHILD
None	

(b) Do you wish to apply, on behalf of all ~~the~~ children named in item 17(a) for all insurance benefits payable to them under Title II of the Social Security Act, as amended? *(You may apply even though you do not wish to be payee for a child's benefits.)* ☐ Yes ☐ No

(If "No," enter under "Remarks" the name of each child for whom you are not applying and give your reasons.)

18. Answer question 18 only if you are married and your husband or wife is applying for benefits.

(a) Check (√) whether your marriage was performed by:
Clergyman or authorized public official ☐, or other ☐ _____ *(Explain)*

(b) Were you married before your present marriage? ☐ Yes ☐ No
(If "Yes," give the following information about each of your previous marriages.)

PREVIOUS MARRIAGE	TO WHOM MARRIED	WHEN *(Month, day, and year)*	WHERE *(Enter name of city and State)*
	HOW MARRIAGE ENDED	WHEN *(Month, day, and year)*	WHERE *(Enter name of city and State)*
PREVIOUS MARRIAGE	TO WHOM MARRIED	WHEN *(Month, day, and year)*	WHERE *(Enter name of city and State)*
	HOW MARRIAGE ENDED	WHEN *(Month, day, and year)*	WHERE *(Enter name of city and State)*

(Use "Remarks" space for information about any other marriage.)

19. Do you have a dependent parent who was receiving at least one-half of his or her support from you at the time shown in item 5(a) when you became unable to work because of your disability? ☐ Yes ☒ No

(Over)

81

20.	Do you authorize any physician, hospital, agency, or other organization to disclose to the Social Security Administration or to the State agency that may review this application or your continuing disability, any medical records or other information about your disability?	☑ Yes ☐ No

The events listed below may affect your entitlement to disability insurance benefits:

(a) Your MEDICAL CONDITION IMPROVES so that you would be able to work, even though you have not yet returned to work.

(b) You GO TO WORK whether as an employee or a self-employed person.

(c) You apply for periodic benefits under any workmen's compensation law or plan.

If you are now hospitalized –

(d) You are DISCHARGED FROM THE HOSPITAL.

21.	Do you agree to notify the Social Security Administration promptly if any of the above events occur?	☑ Yes ☐ No

Answer question 22 only if (a) you are at least age 62 (or are a widow at least age 60) AND (b) you are not currently entitled to a reduced old-age insurance benefit or a reduced widow's insurance benefit. Persons at least age 62 (or widows at least age 60) may be eligible for reduced retirement benefits. If you accept such reduced benefits your payments will be permanently reduced. The amount of reduction will depend upon several factors such as, your age, whether or not your claim for disability insurance benefits is allowed, and the first month of your entitlement to benefits.

22.	Do you wish this to be considered an application for any reduced benefits for which you may be eligible?	☐ Yes ☐ No

REMARKS: *(This space may be used for explaining any answers to the questions. If additional space is required, attach separate sheet.)*

IMPORTANT INFORMATION. PLEASE READ CAREFULLY. – A claimant for disability insurance benefits is required to submit medical evidence showing the nature and extent of his disability during the time he alleges he was under a disability. If such evidence is not sufficient to arrive at a determination, he may be requested to have an independent medical examination at the expense of the Social Security Administration. Should Social Security obtain information useful to his physician for treatment, such information may be furnished to him.

Knowing that anyone making a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law, I certify that the above statements are true. NATHAN GOLD

SIGNATURE OF WITNESSES	SIGNATURE OF PERSON MAKING STATEMENT
If this application has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.	SIGNATURE *(First name, middle initial, last name) (Write in ink)*
1. SIGNATURE	SIGN HERE ▷ Nathan Gold
ADDRESS *(Number and Street, City, State and ZIP Code)*	MAILING ADDRESS *(Number and Street, P.O. Box, or Rural Route)* 3100 Ocean Pkwy Apt D 25
2. SIGNATURE	CITY AND STATE Brklyn NY — ZIP CODE 11235
ADDRESS *(Number and Street, City, State and ZIP Code)*	DATE *(Month, day, and year)* 7/11/69 — TELEPHONE NUMBER 996-8036
	ENTER NAME OF COUNTY (if any) IN WHICH YOU NOW LIVE Kgs

STATEMENT BY WIFE OR DEPENDENT HUSBAND OF DISABLED PERSON

The wife or dependent husband of an applicant for disability insurance benefits should answer the following question if present when this application is completed, and is at least age 62, or, in the case of a wife under age 62, has in her care any child named in item 17 who is under age 18 or disabled.

Do you desire this application to be an application for any social security benefits payable to you? ☐ Yes ☐ No	SIGNATURE OF WIFE OR DEPENDENT HUSBAND *(Write in ink)* ▷

DEPARTMENT OF HEALTH ... WELFARE
SOCIAL SECURITY ADMINISTRATION

FORM APPROVED
BUDGET BUREAU 72R523.5

DISABILITY DETERMINATION AND TRANSMITTAL

1. FOLDER TO: BDI ☐ SA ☒ DFC ☐ — 2. DATE APP'D. 7/11/69

3. W/E (If Auxiliary Filing) — OASI W/E ☐ DIB W/E ☒ — 4. SOCIAL SECURITY ACCOUNT NUMBER 109-28-7273 82

5. NAME AND ADDRESS OF CLAIMANT
Nathan Gold
3100 Ocean Parkway
Brooklyn NY 11235

6. DB 1/13/08 — 7. SEX M ☒ F ☐ — 8. RACE W ☐ N ☐ O ☐ X — 9. AOD 1963 — 10. AT AGE 55

11. CLAIM FOR: FREEZE ☐ DIB ☒ CHILD ☐ DWB ☐ — 12. FAMILY STATUS: MAR ☒ SG ☐ — NO. CHILDREN (UNDER 18) 0 — 13. CC REQ. LAST MET 12/31/66 ☐ SI

14. ☐ W/E DOES NOT MEET 20/40 REQ. A. ☐ DIS. BDI REVIEW B ☐ SINCE LAST DET. — 15. PREV. DENIED OR TERM. ☐ — 16. NON-DIS. DEV. IN PROGRESS ☐ — 17. MED. DEV. DEF. ☐

18. S A CODE 330 — 19. STATE New York — 20. DISTRICT OFFICE ADDRESS 333 Ave X Brooklyn NY 11223 — DO CODE 137 — RO CODE 21

FILE REVIEWED & APPROVED FOR TRANSMITTAL

21. CLAIMS REPRESENTATIVE [signature]

22. DATE OF TRANSMITTAL 10/9/69

23. REMARKS

69 OCT 10 NY 6:33

PRESCRIBED PERIOD

PURSUANT TO PROVISIONS OF SEC. 221 OF SOCIAL SECURITY ACT, IT IS DETERMINED THAT THE CLAIMANT:

24. ☐ HAS BEEN UNDER A DISAB. SINCE

25. ☐ WAS UNDER A DISAB. — A. DATE FROM — B. TO

26. ☑ WAS NOT UNDER A DISAB. ON OR BEFORE (Date) 12-31-66

27. ☐ WAS NOT UNDER A DISAB.

28. CASE OF BLINDNESS AS DEFINED IN SEC. 216(i) — A. ☐ NOT UNDER A DISAB. FOR CASH BENE. PURP. — B. ☐ UNDER A DISAB. FOR CASH BENE. PURP. SINCE

29. DIAGNOSIS: ORGANIC BRAIN SYNDROME — 30. MOB CODE G

31. VOCATIONAL BACKGROUND (Occupation): cutter — OCC. YEARS 10 — EDUC. YEARS 9

32. BASIS FOR DETERMINATION 1502a

☑ CONTINUED ON ATTACHED SHEET (Use OA-D834)

33. RECOMMEND RE-EXAM ON (Date) — 34. DISABILITY EXAMINER S.A. Bestal — 35. DATE — 36. REVIEW PHYSICIAN J.A. Allen — 37. DATE 11/8/69

TO BE COMPLETED BY SSA

38. ☐ CHILD'S DISABILITY BEGAN BEFORE AGE 18 AND CONTINUES. ☐ CHILD NOT UNDER A DISABILITY WHICH BEGAN BEFORE AGE 18.

39. ☒ W/E MEETS 20/40 TEST IN 12/66 QTR. ☐ W/E DOES NOT MEET 20/40 TEST, HAS ____ OF 40 QTRS. ENDING ____

40. A PERIOD OF DISABILITY IS ☐ ESTABLISHED FROM ____ TO ____ ☒ NOT ESTABLISHED.

41. REMARKS: Revised determination of 2/11/70

42. RE-EXAM REQ. — 43. DISABILITY EXAMINER — 44. DATE — 45. DISABILITY EXAMINER — 46. DATE 11/25/69

CLAIMANT TO BE NOTIFIED BY: 47 ☒ BDI ☐ PC — 48. TYPIAR NO. 807.2F (10/1/63)(11/24/69)

49. PRIOR ACT. ☒ PD ☐ PT ☐ REVISED — 50. BASIS CODE K — 51. A CR D CODE D1 — 52. RETURN CODE — 53. CAT. ☒ DIB ☐ W ☐ CH ☐ OSF ☐ FR — 54. SPECIAL CODE ☐ VA ☐ VAD — 55. LIST NO.

FORM OA-D831 (7-68)

1—FOLDER COPY

Exhibit No. 85 (2 pages)
EXHIBIT

CONTINUATION SHEET 4:eap 4
FOR DISABILITY DETERMINATION

83

NOTE.—Use this form only when necessary for continuation of Item 32 of "DISABILITY DETERMINATION" or "CESSATION OR CONTINUANCE OF DISABILITY".

NAME	NAME OF WAGE EARNER(IF AUXILIARY FIL NG)	SOCIAL SECURITY ACCOUNT NO.	DATE
Nathan Gold		109-28-7273	7/69

The claimant states he became unable to work in 1963 due to stomach trouble and arthritis. A prior application for disability benefits was denied on 8/22/66 due to lack of cooperation.

Medical evidence submitted with prior application indicated there was no evidence of a severe impairment based on the internist's examination. However, it was considered that there was a need to evaluate a diagnosis of cerebral arteriosclerosis. An appointment was not made for the necessary psychiatric evaluation and the claim was denied.

It is noted that the claimant last met the quarters of coverage requirement on 12/31/66. Evidence submitted with the current application indicates an operative procedure for excision of an anal fissure in 1955. The claimant also had a submucous nasal resection performed early in 1965. There is medical reporting of pains in the shoulder, hands, knees and low back. As a result of many vague complaints, for which no physical basis was found, the claimant was seen in February of 1969 by a psychiatrist. Findings were as follows. No hallucinations, delusions, thought content disorder, depression, suicidal ideation was found, but there was a distinct impairment of the patient's memory of which he was aware. Patient's difficulty with dates and numbers was of relatively recent origin. There were diagnoses of hypochondriacal neurosis and organic brain syndrome insipient, secondary to circulatory disturbance. It was considered that the complaints were somewhat exaggerated; both iatrogenic and epinosic, being important in their origin and maintenance.

A consideration of the claimant's medical status for the period prior to 12/31/66, when he last met the quarters of coverage requirement, indicates that while the impairment was significant, it was not severe as to preclude all work activity. The application for disability benefits is, therefore denied, due to lack of severity prior to the date quarters of coverage was last met.

FORM SSA-834 (2-69)

Exhibit No. D-3 (page 2)

FOLDER

84

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21241

GIVE ACCOUNT NO. 109-20-7273
WHEN WRITING ABOUT YOUR APPLICATION TO:
SOCIAL SECURITY OFFICE

333 Avenue X
Brooklyn, NY 11223

December 1, 1969

Mr. Nathan Gold
3100 Ocean Parkway
Brooklyn, NY 11235

Dear Mr. Gold:

We have determined that you are not entitled to disability insurance benefits because you do not meet the disability requirement. In reaching this decision we considered how much your condition has affected your ability to work. After carefully studying the records in your case, including the medical evidence and your statements, and considering your age, education, training and experience, it has been determined that your condition was not disabling within the meaning of the law on October 1, 1963 (the date you state you became unable to work), or on any later date through December 31, 1966. This is the last day on which you still met the earnings requirement.

If you believe that this determination is not correct, you may request that your case be re-examined. If you want this reconsideration, you must request it not later than 6 months from the date of this notice. You may make any such request through your social security office. If additional evidence is available, you should submit it with your request. Please read the enclosed leaflet for a full explanation of your right to question the determination made on your claim.

If you have any questions about your claim, you should get in touch with your social security office. If you call in person, please take this notice with you.

Sincerely yours,

F H Sheel

F. H. Sheel
Director, Division of Evaluation,
and Authorization
Bureau of Disability Insurance

Enclosure:
SSI-58

EXHIBIT

Exhibit No. 6

SSA-L807.2F (1-69)

IMPORTANT INFORMATION

Under the Social Security Act, a person may qualify for disability insurance benefits only if he meets both the earnings requirement and the disability requirement of the law. The information below explains these requirements:

The Earnings Requirement:

- A person whose disability began before age 24 meets the earnings requirement if he has social security credits for 6 calendar quarters (1½ years) of work during a 12-quarter (3-year) period ending with a quarter before age 24 in which he is disabled.
- A person whose disability began between the ages 24 and 31 meets the earnings requirement if he has social security credits for work in at least one half of the calendar quarters in the period beginning with the calendar quarter after age 21 and ending with a quarter before age 31 in which he is disabled.
- A person whose disability began at age 31 or later meets the earnings requirement if he has social security credits for 20 calendar quarters (5 years) of work during a 40-quarter period (10 years) ending in or after a quarter in which he is disabled.

If a person does not have credit for the amount of work shown above he is not eligible for disability insurance benefits.

The Disability Requirement:

A person may be considered disabled only if he is unable to perform any substantial gainful work due to a medical condition which has lasted or can be expected to last for a continuous period of at least 12 months. His impairment must be so severe as to prevent him from working not only in his usual occupation but in any other substantial gainful work considering his age, education, training, and work experience.

The decision on your claim was made by the Social Security Administration on the basis of a disability determination by an agency of the State in which you live. Physicians and other trained disability evaluation personnel in the State agency participate in making such determinations.

Definitions of disability are not the same in all government and private disability programs. Government agencies must follow the particular laws which apply to their disability programs. Therefore, a finding by a private organization or another government agency that a person is disabled would not necessarily mean that he meets the disability requirement of the Social Security Act.

No benefits may be paid to the wife, husband, or child unless the wage earner or self-employed person is entitled to disability insurance benefits.

This notice concerns only your disability application. It is not a decision as to whether retirement, survivors, or hospital and medical insurance benefits are payable.

According to your present earnings record and the date of birth you gave us, you have enough credit for work under social security to qualify you for retirement benefits at age 62.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved.
Budget Bureau No. 72-R0552

REQUEST FOR RECONSIDERATION

(Do not write in this space)

7
DEC 1969
86

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON	SOCIAL SECURITY CLAIM NUMBER
Nathan Gold	109-25-7273

NAME OF CLAIMANT
Nathan Gold

CLAIM FOR (Specify type, e.g., retirement, disability, hospital insurance, etc.)
disability

I do not agree with the determination made on the above claim and request reconsideration.

70 FEB -3 NY 9:18

My reasons are:

I have been (and still am) completely disabled since 1963

NOTE: If the date of the notice of the determination on this claim was more than six months ago include your reason for not making this request earlier.

I am submitting the following additional evidence (If none, write "None."):

None

SIGNATURE OF WITNESSES ONLY	SIGNATURE (Write in Ink—First, Middle Initial, Last Name)
If this request has been signed by mark (X), two witnesses who know the person requesting reconsideration must sign below, giving their full addresses.	Nath Gold
1. NAME	MAILING ADDRESS (Number and Street, P.O. Box or Route) 3100 Ocean Pkwy
ADDRESS (Number and Street, City, State and Zip Code)	CITY AND STATE Brklyn NY. ZIP CODE 11235
2. NAME	DATE (Month, Day, and Year) 12/4/69 TELEPHONE NUMBER 996-8036
ADDRESS (Number and Street, City, State and Zip Code)	

FOR SOCIAL SECURITY OFFICE USE ONLY

PROVIDER NAME AND NUMBER	INTERMEDIARY NAME AND NUMBER	SOCIAL SECURITY OFFICE ADDRESS

ROUTING INSTRUCTIONS (Check one)

- ☐ State Agency (Route with disability folder)
- ☐ Payment Center _____ BDI, Balto. ☐
- ☐ BHI, RO _____ ☐ BHI, Attn: DRB, Balto.
- ☐ Division of Foreign Claims, Balto.
- ☐ BDPA, Attn: CWAB, Balto.
- ☐ Intermediary

FORM SSA-561 (8-68)

NOTE: Take or mail completed copies to your Social Security Office.

EXHIBIT Exhibit No. 87

BEST COPY AVAILABLE

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration

Form Approved.
Budget Bureau No. 72-R0123.

ORT

APPLICATION FOR RETIREMENT INSURANCE BENEFITS*

*Provided by Section 202(a) of the Social Security Act, as amended

If you are awarded monthly benefits based on this application, you will be automatically entitled at age 65 to hospital insurance protection. In addition, this application form may be used for enrollment in the Supplementary Medical Insurance Benefits Plan.

(Do not write in this space)
87
DEC 4

NOTICE—Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act is subject to not more than a $1,000 fine or 1 year of imprisonment, or both.

I hereby apply for entitlement to all insurance benefits which may be payable to me under Title II and Part A of Title XVIII of the Social Security Act, as amended.

1 Enter Your Full Name: Nathan Gold

(Check one) ☒ Male ☐ Female

Enter your Social Security Number: 109 | 28 | 7273

2 Enter your date of birth (*Show month, day, and year*): 1/13/08

Enter the name of the State or foreign country where you were born: Poland Came in 1953

3 (a) Check (✓) whether you are:

☒ MARRIED (*Whether living together or separated*) ☐ WIDOWED ☐ DIVORCED ☐ SINGLE

(*If you checked "MARRIED" or "WIDOWED," complete (b) and (c).*) (*If you checked "DIVORCED" or "SINGLE" go on to item 4.*)

(b) Enter your wife's maiden name or your husband's name	Date of birth (*If unknown, give age*)	Date of marriage	Your wife's or your husband's Social Security Number (*If none or unknown, so indicate*)
Minnie Israelowitz	57	1954	124 | 26 | 5235

(c) If your husband or wife is deceased, enter the date of death here → Date of death

4 Your children (*including natural children, adopted children, and stepchildren*) may be eligible for benefits based on your earnings record, if they are, or have been during any of the past 12 months unmarried and:

- under age 18, or
- age 18 to 22 and attending school, or
- age 18 or over and under a disability (*which must have begun before age 18*)

How many children do you have who may be eligible for benefits? → Number of children (*if none, write "None"*)

5 (a) Have you ever before filed an application with the Social Security Administration for MONTHLY benefits or for hospital or medical insurance?

☒ YES (*If "Yes," answer (b) and (c)*) ☐ NO (*If "No," go on to item 6*)

(b) Enter name of person on whose earnings record you filed other application(s)	(c) Enter Social Security Number of person named in (b) (*If unknown, so indicate*)
self - disab - denied	

FORM SSA-1 (1-69) (OVER)

EXHIBIT Exhibit No. 28 (4 pages)

6 (a) Are you now or have you been for any period in the past 14 months unable to work because of a disabling condition?

☒ YES (*If "Yes," answer (b)*) ☒ NO (*If "No," go on to item 7*)

(b) Enter date on which your disabling condition began → Month, day, year: 1963.

7 (a) Were you in the active military or naval service after September 7, 1939?

☐ YES (*If "Yes," answer (b) and (c)*) ☒ NO (*If "No," omit (b), (c), and (d) and go on to item 8*)

(b) Enter name of branch (Army, Navy, etc.), country served (if other than U.S.), and dates of service

(c) Have you received, or do you expect to receive, a benefit from any other Federal agency?

☐ YES (*If "Yes," answer (d)*) ☐ NO (*If "No," omit (d) and go on to item 8*)

(d) List all such agencies:

8 Have you or your spouse worked in the railroad industry any time on or after January 1, 1937?

☐ YES ☒ NO

9
- Enter below the names and addresses of all the persons, companies, or Government agencies for whom you worked during the last 12 months.
- If you worked in agricultural employment, give this information for this year and last year.
- If neither of the above applies, write "None" below and go on to item 11.

Name and address of employer (*If you had more than one employer, please list them in order beginning with your last (most recent) employer*)	Work began		Work ended (*If still working show "Not Ended"*)	
	Month	Year	Month	Year
None				
(*Use "Remarks" space for information about any other employers.*)				

10 May we ask your employers for wage information needed to process your claim?

☒ YES ☐ NO

11 (a) Were you self-employed this year, last year, or the year before?

☐ YES (*If "Yes," answer (b)*) ☒ NO (*If "No," skip to item 12*)

(b) Check the year or years in which you were self-employed	In what kind of trade or business were you self-employed?	Were your net earnings from your trade or business $400 or more? (*Check "Yes" or "No"*)
☐ This year		
☐ Last year		☐ YES ☐ NO
☐ Year before last		☐ YES ☐ NO

Please read the following information before going on to items 12, 13, and 14.

Some or all of your benefits are not payable if, while under age 72, you work for more than the monthly limit in employment (as defined below) or perform substantial services in self-employment in any month, and have earnings in excess of the exempt amount (as defined below) for the taxable year.* This applies to all employment and self-employment, whether or not covered by the Social Security Act.

The *monthly limit* is $125 per month for months in a taxable year ending prior to 1968 and $140 per month for any taxable year ending after 1967. If the taxable year is a calendar year, the $140 amount is effective January 1968.

The *exempt amount* of total earnings which a beneficiary may have without deduction from benefits is $1,500 per year for a taxable year which ends before 1968. It is $1,680 per year for taxable years ending after 1967. If the taxable year is a calendar year, $1,680 is the exempt amount beginning 1968.

As an employee, you count the gross wages (not the take-home pay) you earn during the year, regardless of when the wages are paid to you. As a self-employed person, you count the net earnings from your business (after deducting allowable business expenses).

12 (a) How much were your total earnings last year? . . . . . $ 0

If the total in (a) is over the exempt amount, answer (b). If less, omit (b) and (c) and go on to item 13.

(b) Did you earn more than the monthly limit in employment or perform substantial services in self-employment in each month of last year?

☐ YES (*If "Yes," omit (c)*) ☐ NO (*If "No," answer (c)*)

(c) Circle each month of *last year* in which you did not earn more than the monthly limit in employment *and* did not perform substantial services in self-employment.

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

13 (a) How much do you expect your total earnings to be this year? (Count all of your earnings beginning with the first of this year and all expected earnings through the end of this year.) . . . . . $ 0

If the total in (a) is over the exempt amount, answer (b). If less, omit (b), (c), and item 14.

(b) Have you earned more than the monthly limit in employment or performed substantial services in self-employment in each of the months of this year including the present month?

☐ YES (*If "Yes," omit (c)*) ☐ NO (*If "No," answer (c)*)

(c) Circle each month of *this year* including the present month in which you did not earn more than the monthly limit in employment *and* did not perform substantial services in self-employment.

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

14 (a) Do you expect to earn more than the monthly limit in employment or perform substantial services in self-employment in each of the next 3 months?

☐ YES (*If "Yes," omit (b)*) ☐ NO (*If "No," answer (b)*)

(b) List each of the next 3 months in which you do not expect to earn more than the monthly limit in employment *and* do not expect to perform substantial services in self-employment. . . . . .

Answer item 15 if you are now in the last 3 months of your taxable year (Oct., Nov., and Dec. if your taxable year is a calendar year).

15 How much do you expect your total earnings to be next year? . . . . . $ 0

An annual report of earnings must be filed with the Social Security Administration within 3 months and 15 days after the end of any year in which you earned more than the exempt amount, if you were under age 72 at least 1 full month of that year and received some benefit payment for such a month. FAILURE TO REPORT MAY RESULT IN THE LOSS OF ONE OR MORE MONTHLY BENEFITS.

16 Do you agree to file the annual report of earnings when required? ☒ YES ☐ NO

17 This application for retirement benefits may be retroactive for as many as 12 months from the date it is filed but not for any month before you reached age 62. *If you are between age 62 and age 66*, your application may be for benefits payable at a reduced rate. They will continue at a reduced rate even after you reach age 65.

If there are any months before you reach age 65 for which you do not wish to claim benefits, enter the months and give your reason .....

.....

* The yearly period referred to in this and following items is the same 12-month period you use in figuring your income tax. If you use a fiscal year, that is, a taxable year that does not end December 31 (with income tax return due April 15), enter here the month your fiscal year ends.

Month

(OVER)

90

Answer item 18 only if you are a married woman.

18 Is your husband receiving at least one-half of his support from you? ☐ YES ☐ NO

Answer item 19 only if you are married and your husband or wife is applying for benefits.

19 (a) Check (√) whether your marriage was performed by:

Clergyman or authorized public official ☐, or Other ☐ (Explain) JAN 2 1979

(b) Were you married before your present marriage? ☐ YES ☐ NO

(If "Yes," give the following information about each of your previous marriages.)

Previous marriage	To whom married	When (*Mo., day, and year*)	Where (*Enter name of city and State*)
	How marriage ended	When (*Mo., day, and year*)	Where (*Enter name of city and State*)
Previous marriage	To whom married	When (*Mo., day, and year*)	Where (*Enter name of city and State*)
	How marriage ended	When (*Mo., day, and year*)	Where (*Enter name of city and State*)

(Use "Remarks" space for information about any other marriage)

Remarks: I have no foreign proof of my age nor could obtain any. I was never baptized. I don't know if/here or when I became a citizen. I can't send the papers. SSC

Knowing that anyone making a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law, I certify that the above statements are true.

SIGNATURE OF WITNESSES

If this application (and, if relevant, the enrollment question below) has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.

1. Signature Only proof of my age I have is the

Address (*Number and street, City, State and ZIP Code*) I am going for a passport application as my doctor advised

2. Signature I am applying for it in the event that my disability is

Address (*Number and street, City, State and ZIP Code*) denied.

SIGNATURE OF APPLICANT

Signature (*First name, middle initial, last name*) (*Write in ink*) NATHAN GOLD

Sign Here ▷ Nath Gold

Mailing Address (*Number and street, Apt. No., P.O. box, or Rural Route*) 3100 Ocean Pkwy

City and State Brooklyn NY

ZIP Code 11235

Date (*Mo., day and year*) 12/11/78

Telephone number 996-8036

Enter name of county (*if any*) in which you now live Kings

Answer the question below only if you are now AGE 65 or older, or you will reach AGE 65 in this month or one of the next 3 months.

ENROLLMENT IN THE SUPPLEMENTARY MEDICAL INSURANCE BENEFITS PLAN

Your social security district office will be glad to explain this plan and to give you a leaflet containing information on the physicians' and surgeons' services and other medical services covered, premium amounts, enrollment periods, etc. A request for enrollment cannot be effective unless it is made within one of the enrollment periods specified in the law. If you do not enroll within your initial enrollment period, you may have to pay a higher premium and your coverage will be delayed.

Do you wish to enroll in the supplementary medical insurance benefits plan? (Premium payments will be due. Where possible, these payments will be deducted from your monthly benefit check.)

☐ YES ☐ NO ☐ Undecided ☐ Currently enrolled

Sign below regarding medical insurance benefits plan.

Sign Here ▷ .....

U.S. GOVERNMENT PRINTING OFFICE: 1968—O-289-163

U.S. GOVERNMENT PRINTING OFFICE: 1968—325-980

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

FORM APPROVED
BUDGET BUREAU 72R523.5

DISABILITY DETERMINATION AND TRANSMITTAL

1. FOLDER TO: BDI ☐ SA ☒ DFC ☐
2. DATE APP'D. 7/11/69
3. W/E (If Auxiliary Filing) OASI W/E ☐ DIB W/E ☐
4. SOCIAL SECURITY ACCOUNT NUMBER 109-28-7273 91
5. NAME AND ADDRESS OF CLAIMANT
Nathan Gold
3100 ~~4x~~ Ocean Pkway
Brooklyn, New York 11235
6. DB 1/13/08
7. SEX M XX F ☐
8. RACE W X N ☐ O ☐
9. AOD 1963
10. AT AGE 55
11. CLAIM FOR: FREEZE ☐ DIB XX CHILD ☐ DWB ☐
12. FAMILY STATUS: MAR XX SG ☐ NO. CHILDREN (UNDER 18) 0
13. QC REQ. LAST INST. 12/31/66 SI ☐
14. ☐ W/E DOES NOT MEET 20/40 REQ. A. ☐ DIS. BDI REVIEW B. ☐ SINCE LAST DET.
15. PREV. DENIED OR TERM. ☐
16. NON-DIS. DEV. IN PROGRESS ☐
17. MED. DEV. DEF. ☐
18. S A CODE 330
19. STATE New York
20. DISTRICT OFFICE ADDRESS 333 Ave. X Brooklyn, NY 11223
DO CODE 137
RO CODE 21
FILE REVIEWED & APPROVED FOR TRANSMITTAL
21. CLAIMS REPRESENTATIVE
22. DATE OF TRANSMITTAL
23. REMARKS
RECD. IN S/A 2/3/70
PRESCRIBED PERIOD

PURSUANT TO PROVISIONS OF SEC. 221 OF SOCIAL SECURITY ACT, IT IS DETERMINED THAT THE CLAIMANT:

24. ☐ HAS BEEN UNDER A DISAB. SINCE
25. ☐ WAS UNDER A DISAB. A. DATE FROM B. TO
26. ☒ WAS NOT UNDER A DISAB. ON OR BEFORE (Date) 12/31/66
27. ☐ WAS NOT UNDER A DISAB.
28. CASE OF BLINDNESS AS DEFINED IN SEC. 216(i) A. ☐ NOT UNDER A DISAB. FOR CASH BENE. PURP. B. ☐ UNDER A DISAB. FOR CASH BENE. PURP. SINCE
29. DIAGNOSIS CAS
30. MOB CODE 6

31. VOCATIONAL BACKGROUND (Occupation) CUTTER
OCC. YEARS 10
EDUC. YEARS 9

32. BASIS FOR DETERMINATION
102A

☒ CONTINUED ON ATTACHED SHEET (Use OA-DB34)

33. RECOMMEND RE-EXAM ON (Date) /
34. DISABILITY EXAMINER A. Koch
35. DATE 2/5/70
36. REVIEW PHYSICIAN SA
37. DATE 2/7/70

TO BE COMPLETED BY SSA

38. ☐ CHILD'S DISABILITY BEGAN BEFORE AGE 18 AND CONTINUES
☐ CHILD NOT UNDER A DISABILITY WHICH BEGAN BEFORE AGE 18.
39. ☒ W/E MEETS 20/40 TEST IN (Last) 12/66 QTR.
☐ W/E DOES NOT MEET 20/40 TEST. HAS ____ OF 40 QTRS. ENDING ____
40. A PERIOD OF DISABILITY IS ☐ ESTABLISHED FROM ____ TO ____ ☒ NOT ESTABLISHED.

41. REMARKS
This insrs on D83 of 11/25/60

42. RE-EXAM REQ.
43. DISABILITY EXAMINER
44. DATE
45. DISABILITY EXAMINER A Koch
46. DATE 2/11/70

CLAIMANT TO BE NOTIFIED BY:
47. ☒ BDI ☐ PC
48. LTR/PAR. NO DL
49. PRIOR ACT. ☐ PD ☐ PT ☒ REVISED
50. BASIS CODE EK
51. A OR D CODE D-1
52. RETURN CODE / R-
53. CAT. ☒ DIB ☐ CH ☐ W ☐ OSF ☐ SSI
54. SPECIAL CODE ☐ VA ☐ VAD
55. LIST NO

FORM OA-DB31 (7-68) 1—FOLDER COPY

EXHIBIT 69 (2 pages)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration

CONTINUATION SHEET
FOR DISABILITY DETERMINATION

RR:epb RCH 2 92

NOTE.—Use this form only when necessary for continuation of item 32 of "DISABILITY DETERMINATION" or "CESSATION OR CONTINUANCE OF DISABILITY".

NAME	NAME OF WAGE EARNER(IF AUXILIARY FILING)	SOCIAL SECURITY ACCOUNT NO.	DATE
Nathan Gold		109-28-7273	2/5/70

The statement of evidence in the determination of 11/25/69, except as modified herein, is hereby incorporated by reference, but not the inferences, findings or conclusion thereon.

The applicant submitted a request for reconsideration, dated 12/4/69, stating that he has been completely disabled since 1963. He states that we never got a hospital report pertaining to a hospitalization in 1966.

A report from hospital indicates claimant was hospitalized from 5/3/66 until 5/13/66 at which time the impression was that of a chronic laryngitis. A direct laryngoscopy revealed normal vocal chords. X-ray of the chest showed no evidence of any acute pulmonary or pleural pathology.

The applicant alleged disability since 1963, due to stomach trouble, arthritis. The earnings requirement is last met on 12/31/66. A prior application was filed on 2/8/66, and a determination of denial was prepared on 8/22/66. A consultative examination was performed by an internist in 4/66 at which time there was no evidence of arthritis, no severe physical impairment; it was felt that cerebral changes were present. There was nothing unusual noted during the examination. The claimant was seen by a clinic psychiatrist in 2/69 as a result of vague complaints for which there was no physical basis. There was no evidence of a thinking disorder, no depression, and it was felt that his complaints are somewhat exaggerated. The evidence in the file fails to indicate the presence of a severe impairment on or before 12/31/66. Therefore, it is determined that the applicant was not under a disability on or before 12/31/66.

The findings revise the original determination prepared on 11/25/69.

Exhibit No. 39 (Jagger)

FORM SSA-834
(2-69)

FOLDER

DEPARTMENT OF HEALTH EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BALTIMORE MARYLAND 21241

DI:R:1B

ACCOUNT NO. 109-28-7273 93

DATE FEBRUARY 18 [illegible]

NOTICE OF RECONSIDERATION DETERMINATION

Mr. Nathan Gold
3100 Ocean Parkway
Brooklyn, New York 11235

Dear Mr. Gold:

In view of your request for reconsideration, all the information about your claim has been carefully evaluated. It has been determined that the previous decision was proper under the law.

You stated you became unable to work in 1963, at age 55, because of stomach trouble and arthritis. Our records show you have a ninth grade education and work experience as a cutter for a slip cover manufacturer.

The medical evidence includes numerous hospital records as well as all of the evidence submitted with your previous claim. In reviewing this information particular attention was paid to your condition as it was on or before December 31, 1966, the date you last met the earnings requirement of the law, and how it affected your ability to work. This evidence shows you have been treated for stomach trouble. However, there was no evidence of any complications, such as malnutrition, or anemia, due to this problem at a time when you met the earnings requirement. Medical reports further disclose you have some arthritis. There was no indication, however, of any significant restriction of motion in your joints or evidence of any muscle, bone or joint damage. Your ability to move about and use your arms and hands was not markedly affected on or about December 1966. On the basis of the evidence, it has been determined your condition was not severe enough to prevent you from engaging in types of work consistent with your background and experience. A medical condition which may have become disabling after the earnings requirement is last met cannot serve as a basis for qualifying under the disability provisions of the law.

If you believe that the reconsideration determination is not correct, you may request a hearing before a hearing examiner of the Bureau of Hearings and Appeals. If you want a hearing, you must request it not later than 6 months from the date of this notice. You should make any such request through your social security office, 333 Avenue X, Brooklyn, New York 11223. Read the enclosed leaflet BHA-1 for a full explanation of your right to appeal.

John E. Bluett
Director, Division of Reconsideration
Bureau of Disability Insurance

Enclosures (2)

GCox:jp 2-11-70

EXHIBIT Exhibit No. 10 (2 pages)

ADDITIONAL INFORMATION ABOUT YOUR RECONSIDERATION DECISION

Who reviewed your claim

Your claim was thoroughly re-evaluated by a physician and a disability examiner in your State agency which works with us in making disability determinations. This new evaluation was then independently reviewed in the Social Security Administration.

What is the disability requirement

A person may be considered disabled only if he is unable to perform any substantial gainful work due to a medical condition which has lasted or can be expected to last for a continuous period of at least 12 months. His impairment must be so severe as to prevent him from working not only in his usual occupation but in any other substantial gainful work considering his age, education, training and work experience.

Findings of other government and private agencies regarding disability as well as the conclusions of attending physicians are carefully considered in reaching a determination as to whether or not a person is disabled for social security purposes. To be eligible under social security, however, the disability requirements specified in the Social Security law must be met.

What are your further rights

If you disagree with this reconsideration decision, you may request a hearing as explained in this letter. (This is not a decision as to whether benefits will be payable to you at retirement age.)

The people at your social security office will be glad to answer any questions you may have.

DENIED

Form SS-5
TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE
(Revised 7-50)

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER

REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

X 103-28-7273
DO NOT WRITE IN THE ABOVE SPACE

FILL IN EACH ITEM. PRINT IN BLACK OR DARK BLUE INK OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN."

1 PRINT NAME YOU GAVE YOUR PRESENT EMPLOYER, OR, IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED — FIRST NAME: Natan — MIDDLE NAME. (IF YOU USE NO MIDDLE NAME OR INITIAL, DRAW A LINE——) — LAST NAME: Gold

2 MAILING ADDRESS (NO. AND ST., P. O. BOX, OR RFD) (CITY) (ZONE) (STATE): 572 Greene Av. Bk'yn NY

3 PRINT FULL NAME GIVEN YOU AT BIRTH:

4 AGE ON LAST BIRTHDAY: 45

5 DATE OF BIRTH (MONTH) (DAY) (YEAR): 1 13 1908

6 PLACE OF BIRTH (CITY) (COUNTY) (STATE): Poland

7 FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD: Majer Notowitz

8 MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD: Lea Gold

9 (MARK (X) WHICH) SEX: ☐ MALE ☐ FEMALE

10 COLOR OR RACE (MARK (X) WHICH) (IF OTHER, SPECIFY): ☒ WHITE ☐ NEGRO ☐ OTHER

11 HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? (MARK (X) WHICH) ☐ YES ☒ NO ☐ DON'T KNOW

IF ANSWER IS "YES", PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN — STATE — DATE

ALSO PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT — ACCOUNT NUMBER

12 BUSINESS NAME OF EMPLOYER. IF UNEMPLOYED, WRITE "UNEMPLOYED"

EMPLOYER'S ADDRESS (NO. AND STREET) (CITY) (ZONE) (STATE)

TODAY'S DATE: 4/14/53

14 WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT): Natan Gold

DO NOT WRITE IN THIS SPACE

56—16—5528-7

RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE

EXHIBIT
Exhibit No. 11

EARNINGS CERTIFICATION - P.I.A. DETERMINATION

FORM OA-C794 (6-63)

1 ACCOUNT IDENTIFICATION

ACCOUNT NUMBER	SOURCE	NAME	DATE OF BIRTH MO	DAY	YR	EST	SEX
109 28 7273	REQ FORM	GOLD	01	13	08		M
MULTIPLE AN'S	DAO RECORDS						

LAG INFORMATION

TYPE	PERIOD	AMOUNT USED	TYPE	PERIOD	AMOUNT USED

PERTINENT DATES

FILING MO	DAY	YR	DEATH MO	DAY	YR	ONSET MO	DAY	YR	MO ELECT MO	YR
02	08	66				07	01	63		

MILITARY SERVICE DATES

FROM: TO:

WORK DED AND SUSPENSION INFORMATION

YR	AMOUNT	SERVICE MONTHS

5 DAO CAUTION SIGNALS

CA	ED	X	NIF	CR IND EN	CR IND QC	SE INV	PPL	EDP CODES	103	FB IND	101	OTHER	TYPE OF ACTION	BLOCK NUMBER
								25964 26			53	00	DIB	9R98754 N

12 SELECTED EDP BENEFIT COMPUTATION AND TRIAL-COMPUTATIONS

TYPE	FIRST BASE YR OR SD	LAST BASE YR OR CD	DIVIDEND	DISAB E/Y EXCL	ELAPSED PD OR D-O YRS	D/M	I/Y	MS MOS INCL	PIA RETRO	PIA CURR
NS 60 DIS EX	1951	1965	12525.47	1963	51-63	84				78.20
NS 65R DIS EX	1951	1965	12525.47	1963	51-63	84				78.20
NS 65R	74.90 NS 60		74.90						RED MOS	REDUCED BENEFIT

13 EARNINGS RECORD DATA

QUARTER OF COVERAGE TESTS

REQ QC	FULLY INS	FIRST ELIG	MISC	CURR INS	NOT INS TOT QC	NOT INS MAR QC	20/40 TEST
							*MET

QC AND EARNINGS TOTALS

TOT SE QC	TOT AG QC	WAGE QC AFTER '46	WAGE QC AFTER '50	TOTAL EARNINGS AFTER 1936	TOTAL EARNINGS AFTER 1950
		29	29	13412.80	13412.80

YR	EARNINGS	U	QC/SM	SE	AG	YR	EARNINGS	U	QC/SM	SE	AG	YR	EARNINGS	U	QC/SM	SE	AG
37						47						57	3054.65	H	CCCC	0	0
38						48						58	3120.78	H	CCCC	0	0
39						49						59	3043.47	H	CCCC	0	0
40						50						60	1267.72	H	CCNC	0	0
41						51				0		61	40.63		NNNN	0	0
42						52				0		62	292.52		NCCC	0	0
43						53	599.50	X	NCCC	0		63	519.30	X	CNCN	0	0
44						54	321.95		CCCN	0		64			NNNN	0	0
45						55	225.23		CNNN	0	0	65	7.00		NNNN	0	0
46						56	920.05	H	CCCN	0	0	66			NNNN	0	0

14 AUXILIARY OR SURVIVOR BENEFIT DATA

ACCOUNT NUMBER	DATE OF BIRTH MO	DAY	YR	MO ELECT MO	YR	RELATIONSHIP MO	DAY	YR	TYPE	XR ACCOUNT NUMBER	STAT	LUMP SUM	FAMILY COMPOSITION

SYMBOLS	ORIGINAL BENEFIT RETRO	ORIGINAL BENEFIT CURR	ADJUSTED BENEFIT RETRO	ADJUSTED BENEFIT CURR	COMBINED PAYMENTS SYM	COMBINED PAYMENTS RETRO	COMBINED PAYMENTS CURR	FAMILY MAXIMUM RETRO	FAMILY MAXIMUM CURR

15 BENEFIT COMPUTATIONS

TYPE	FIRST BASE YR OR SD	LAST BASE YR OR CD	DIVIDEND	DISAB E-Y EXCL	ELAPSED PD OR D-O YRS	D/M	I/Y	QC	MS MOS INCL	PIA RETRO	PIA CURR

17

I CERTIFY THAT THE BENEFIT DATA IN BLOCKS 2, 3, AND 6 ARE CORRECT ACCORDING TO THE LAW ON THE BASIS OF THE RECORDS OF THE SOCIAL SECURITY ADMINISTRATION AND RECORDS RECEIVED FROM THE RAILROAD RETIREMENT BOARD.

J.L. FAY
DIRECTOR

DATE 2-12-66 BY [signature]

One CORRECTIONS IN BLOCKS 3 AND 6 [signature]

18 PERTINENT RRB INFORMATION

NAME	DB MO	DB YR	YLW	1937 TO DATE SH	1937 TO DATE COMPENSATION	GROSS RESIDUAL

INV	120	ANN	RHEL	RELM	RR-90	OTHER

DAO REMARKS

☐ LAG QC PRESUMED FOR _____

PRIOR ACTION ☐ OASI ☐ DISABILITY

TO _____ DATE _____

☐ SEE SCOUT REPORT ATTACHED

19 DO, PC OR DDO REMARKS

EXHIBIT Exhibit No. 12

96

20 DO, PC OR DDO CORRECTED BENEFIT COMPUTATIONS

TYPE	FIRST BASE YR OR SD	LAST BASE YR OR CD	DIVIDEND	DISAB E/Y EXCL	ELAPSED PD OR D-O YRS	D/M	I/Y	QC	MS MOS INCL	PIA RETRO	PIA CURR

Form OAR-5015a (7-61) 736 VV

REQUEST FOR SCOUTING

Date 3/8/66

☐ OASI CLAIM (OA-C790) ☐ DISABILITY (OA-D840)

Page _____ of _____

97

DAO USE ONLY			
Block No.	73667	Clerk No.	7957
Blocking Date	3/5	Desk No.	825

109-78-7273
(Account Number)

TO: DIVISION OF ACCOUNTING OPERATIONS

FROM: _____

NATHAN GOLD
(Account Number Holder)

REMARKS BY DISTRICT OFFICE SFO OSLA

E.I.N. or S.E.I. I.R.D. Employer's or SE's Name and Address	Period	Amount Reported	Entry or Summ.	Master Block Unit	Master Block Number	Page or Sequence	Estab. No.	A.Q. or P.C.
941-16[illegible]505	6/65	59.30	1					
	9/65	130 10	1	55	6[illegible]9	2061		
	3/66	NR	[illegible]					
	12/65	NR	[illegible]					
Remarks by scout:								
113-19[illegible]116	12/65	73 12	1	55	[illegible]069	0000		
	3/66	NR	[illegible]					
	6/66	NR	[illegible]					
	9/66	NR	[illegible]					
Remarks by scout:								
113-56[illegible]004	12/61	6263	1	55	26[illegible]67	0000		
	3/62	(NR)	[illegible]					
	6/62	(NR)	[illegible]					
	9/62	(NR)	[illegible]					
Remarks by scout:								
	12/62	NR.	[illegible]					
Remarks by scout:								

REMARKS BY DIVISION OF ACCOUNTING OPERATIONS: No additional earnings found on scouting.

Scouted by _____ Date _____ Reviewed by 7951 7957 Date 3/14/66

The "Entry or Summary" column indicates the final result obtained in searching DAO records. The symbols used are "p"—item is posted; "E.O."—employee omitted from employer report; "U.T.L."—unable to locate item; "N.R."—no employer report for the period; "N.T.R."—nontaxable report filed; "No E.I.N."—no employer identification number located. Symbols in columns other than the "Entry or Summary" column are for DAO use only.

Exhibit No. [illegible] (Page 2)

Form OAR-5015a (1-61)

REQUEST FOR SCOUTING

Date 2-26-66

☐ OASI CLAIM (OA-C790) ☒ DISABILITY (OA-D840)

Page ___ of ---

98

DAO USE ONLY	
Block No. 72222	Clerk No. 4095
Blocking Date 223	Desk No. 680

109-28-7273
(Account Number)

TO: DIVISION OF ACCOUNTING OPERATIONS

FROM: 28 - 0228 North Hollywood
(Account Number Holder)

REMARKS BY DISTRICT OFFICE ___

E.I.N. or S.E.I. I.R.D. Employer's or SE's Name and Address	Period	Amount Reported	Entry or Summ.	Master Block Unit	Master Block Number	Page or Sequence	Estab. No.	A.Q. or P.C.
✓ 11-1800717	9/63	181.80	1P	53	6569	1160		4
	12/63	✓ NR	NR					
	6/63	✓ NR	NR					
	3/63	N.R.	NR					
Remarks by scout: IRL - RCL ✓ REF ✓								
✓ 11-1880764	3/63	337.50	1P	11	0277	0008		2
	6/63	✓ FD	FD					
	9/63	✓ FD	FD					
	12/63	✓ FD	FD					
Remarks by scout: IRL ✓ 75-5 3/01								
Remarks by scout:								
Remarks by scout:								

REMARKS BY DIVISION OF ACCOUNTING OPERATIONS: ___

Scouted by ___ Date ___ Reviewed by 4095 Date 3-2-

The "Entry or Summary" column indicates the final result obtained in searching DAO records. The symbols used are "p"—item is posted; "E.O."—employee omitted from employer report; "U.T.L."—unable to locate item; "N.R."—no employer report for the period; "N.T.R."—nontaxable report filed; "No E.I.N."—no employer identification number located. Symbols in columns other than the "Entry or Summary" column are for DAO use only.

Exhibit No. 12 (page 3) R-3273

FORM OAR-5015-EDP (11-64)

EMPLOYER IDENTIFICATION FORM—EDP

A

PAGE 1 OF

ACCOUNT NUMBER	DATE	DESK NO.
109 28 7273	0228	680 99
E.I.N.		EMPLOYER'S NAME AND ADDRESS

11 1800717 0963 MANO HIRSCH,TA HIRSCHS KNISHES,3145 BRIGHTON 4TH ST,BROOKLYN, NY 11235

11 1880764 0363 REGENCY HOUSE INC,175/02 JAMAICA AVE,JAMAICA, NY 11432



Information furnished by:	CLERK NO.	SECTION	DATE
Reviewed by:	CLERK NO. 4095	SECTION 117.3	DATE 3-12-68

Exhibit No. 12

BATAVIA FORMS INC 2001 SO CALUMET AVE CHICAGO, ILL. 60616

FORM OA-C794 (8-68)

EARNINGS CERTIFICATION - P.I.A. DETERMINATION

1 ACCOUNT IDENTIFICATION

ACCOUNT NUMBER	DUP'C	NAME	DATE OF BIRTH MO	DAY	YR.	EST.	SEX
109 28 7273	REQ FORM	GOLD	01	13	08		M
MULTIPLE AN'S	RCPA RECORDS						

PERTINENT DATES

FILING MO.	FILING DAY	FILING YR.	DEATH MO.	DEATH DAY	DEATH YR.	ONSET MO.	ONSET DAY	ONSET YR.	MO ELECT MO.	MO ELECT YR.
07	21	69				07	01	63		

MILITARY SERVICE DATES: FROM: TO:

LAG INFORMATION

TYPE	PERIOD	AMOUNT USED	TYPE	PERIOD	AMOUNT USED

WORK DED AND SUSPENSION INFORMATION

YR.	AMOUNT	SERVICE MONTHS

5 BDPA CAUTION SIGNALS

CA	ED	X	NIF NYE	CR IND EN	CR IND OC	SE AG INV	EDP CODES	FB IND	161	OTHER
							09682 26		EA	FF

TYPE OF ACTION: DIB

BLOCK NUMBER: 9297483 N

2 SELECTED EDP BENEFIT COMPUTATION AND TRIAL COMPUTATIONS

TYPE	FIRST BASE YR OR SD	LAST BASE YR OR CD	DIVIDEND	DISAB. E/Y EXCL.	ELAPSED PD OR D-O YRS	D/M	I/Y	MS MOS INCL	PIA RETRO	PIA CURR
NS 65 DIS EX	1951	1967	12525.47	63-67	51-67	84				88.40$

RED MOS | REDUCED BENEFITS

4 BENEFIT COMPUTATIONS

TYPE	FIRST BASE YR OR SD	LAST BASE YR OR CD	DIVIDEND	DISAB E/Y EXCL	ELAPSED PD OR D-O YRS	D/M	I/Y	QC	MS MOS INCL	PIA RETRO	PIA CURR

6C

I CERTIFY THAT THE BENEFIT DATA IN BLOCKS 2, 3, AND 4 ARE CORRECT ACCORDING TO THE LAW ON THE BASIS OF THE RECORDS OF THE SOCIAL SECURITY ADMINISTRATION AND RECORDS RECEIVED FROM THE RAILROAD RETIREMENT BOARD.

WILLIAM E. HANNA, JR.
DIRECTOR

DATE 7/22/69 BY [signature]

CORRECTIONS IN BLOCKS 3 AND 4 [signature]

3 EARNINGS RECORD DATA

QUARTER OF COVERAGE TESTS

REQUIRED QC FULLY	REQUIRED QC YR	REQUIRED QC SPEC YR	REQUIRED QC MIB	HAS QC	FIRST ELIG	C/A	MAX QC	DISABILITY MET 20/40 TEST	DISABILITY MET AGE 31 TEST	DISABILITY MET NON ER 20/40	DISABILITY MET NON ER AGE 31
								YES	N/A	NO	

QC AND EARNINGS TOTALS

TOT SE QC	TOT AG QC	WAGE QC AFTER 46	WAGE QC AFTER 50	TOTAL EARNINGS AFTER 1936	TOTAL EARNINGS AFTER 1950
		29	29	13412.80	13412.80

YR	EARNINGS	U	QC/SM	YR	EARNINGS	U	QC/SM	SE	AG	YR	EARNINGS	U	QC/SM	SE	AG
										4800					
37				48						59	3043.47	H	CCCC	0	0
38				49						60	1267.72	H	CCNC	0	0
39				50						61	40.63		NNNN	0	0
3000				3600											
40				51				0		62	292.52		NCCC	0	0
41				52				0		63	519.30	X	CNCN	0	0
42				53	599.50	X	NCCC	0		64			NNNN	0	0
43				54	321.95		CCCN	0		65	7.00		NNNN	0	0
				4200						6600					
44				55	225.23		CNNN	0	0	66			NNNN	0	0
45				56	920.05	H	NCCN	0	0	67			NNNN	0	0
										7800					
46				57	3054.65	H	CCCC	0	0	68			NNNN	0	0
47				58	3120.78	H	CCCC	0	0	69			NNNN	0	0

7 AUXILIARY OR SURVIVOR BENEFIT DATA

ACCOUNT NUMBER	DATE OF BIRTH MO	DAY	YR	MO ELECT MO	YR	RELATIONSHIP MO	DAY	YR	TYPE	XR ACCOUNT NUMBER	STAT	LUMP SUM	FAMILY COMPOSITION

8 PERTINENT RRB INFORMATION

NAME	DB MO	DB YR	YLW	1937 TO DATE SM	1937 TO DATE COMPENSATION	GROSS RESIDUAL

INV	120	ANN	RNEL	RELM	RR-90	OTHER

9 BDPA REMARKS

FULLY INS OAIB

LAG QC PRESUMED FOR ____

PRIOR ACTION ☐ OASI ☑ DISABILITY

TO ____ DATE ____

☐ SEE SCOUT REPORT ATTACHED

10 DO, PC OR BDI REMARKS

RD0716 SC0716

EXHIBIT 13
Exhibit No.

160

10 DO, PC OR BDI CORRECTED BENEFIT COMPUTATIONS

TYPE	FIRST BASE YR OR SD	LAST BASE YR OR CD	DIVIDEND	DISAB E/Y EXCL	ELAPSED PD OR D-O YRS	D/M	I/Y	QC	MS MOS INCL	PIA RETRO	PIA CURR

BEST COPY AVAILABLE

Form Approved.
Budget Bureau No. 72R-554.5

301

REPORT OF DISABILITY INTERVIEW
(WRITE LEGIBLY)

OFFICE: 323 Ave J | DATE: 2/8/66
ACCOUNT NUMBER: 109-28-7273 | 101

WAGE EARNER'S NAME: Kathryn Gold
NAME OF DISABLED INDIVIDUAL (If different from wage earner's):
NAME AND ADDRESS OF PERSON(S) CONTACTED: ☒ CLAIMANT

CONTACT MADE: ☒ IN PERSON ☐ TELEPHONE
PLACE OF CONTACT: ☒ DO ☐ CS ☐ HOME ☐ OTHER
INTERVIEWER'S SIGNATURE: K Draskin
☒ CR ☐ FR ☐ OTHER
NATURE OF INJURY OR ILLNESS THAT PREVENTS CLAIMANT FROM WORKING: Nervous Cond, Ulcer)

AOD	DOB	JOB TITLE (Principal occupation)	KIND OF BUSINESS OR INDUSTRY	HIGHEST GRADE COMPLETED
1963	1/13/08	Cutter	Garment	6 Yr Elem

1. Date injury or illness first bothered claimant 1963 ; 2. Date claimant stopped working 1963 ;
3. Describe ability to work at the time the injury or illness first bothered claimant (changes in job duties, conditions, etc.); changes in condition since it first appeared until work stopped (changes in symptoms, dates first noticed, changes in work conditions, work interruptions, dates changes occurred); and reasons claimant stopped working (including reasons other than condition).

I

ONSET OF IMPAIRMENT

(Complete this Section in ALL Cases)

Although w/c had occasional episodes of illness, it was not until 1963 that it really became ill. During the year, the illness affected was the conditions under which she was forced to live. This she believes is the cause of his nervousness, ulcers, back pains, and other symptoms.

Finally in 1963, w/c began having difficulty breathing & was as dizzy & ill.

4. Has claimant worked since onset? (If "Yes," complete Form OA-D821.) ☒ YES ☐ NO

CHECK IF ONE OF THE FOLLOWING APPLY (If one of the items is checked – Do Not Complete pages 2, 3, or 4.)

- ☐ States his condition no longer prevents him from working
- ☐ Is engaging in SGA
- ☐ Alleges a fracture or burn
- ☐ Is hospitalized
- ☐ Is house confined or unable to leave house unassisted because of a physical impairment
- ☐ Is unable to speak, or to see, or to hear
- ☐ Alleges progressive cancer
- ☐ Has lost a leg because of diabetes or Buergers disease
- ☐ Has lost the use of a leg because of a fractured vertebrae

FORM SSA-401 (8-65)

Exhibit No. 14 (4 pages)

EXHIBIT

PRO-GRESSION AND CURRENT CONDITION

Describe changes in condition since work stopped; current condition (including the symptoms and the limitations imposed by the impairment that keep him from working now); and limitations placed by his physician (e.g., bed rest, special treatment, diet, restricted activity, etc.).

Describe living arrangements and activities in a typical day. Include the amount of assistance the claimant requires in caring for personal needs.

DO NOT WRITE IN MARGIN

CHECK IF ONE OF THE FOLLOWING APPLIES *(If one of the items is checked – Omit Section III, Proceed to Section IV.)*

- ☐ 3 months after stroke claimant has weakness of 2 limbs, or severe speech or memory defect with marked loss of use of one limb
- ☐ Arthritis with gross deformity of 2 or more limbs
- ☐ Parkinson's disease with marked tremors or propulsive gait
- ☐ Multiple sclerosis with staggering gait, marked tremors or visual difficulties
- ☐ Other severe, observable limitations *(Describe under Observations (Section IV).)*

III

VOCA-TIONAL DESCRIP-TION

A. PRINCIPAL JOB *(In 15 years before onset)*

JOB TITLE	APPROXIMATE DATES WORKED	
Cutter	56 - 61	103

TYPE OF BUSINESS OR INDUSTRY	HRS./DAY	DAYS/WEEK	RATE OF PAY
Drapers	6	5	$80 PER wk?

B. PHYSICAL DEMANDS

1. Lifting	☐ YES	☒ NO	How much in lbs.?____ How often?____ How high?____
2. Carrying	☐ YES	☒ NO	How much in lbs.?____ How often?____ How far?____
3. Pushing/pulling	☐ YES	☒ NO	How much in lbs.?____ How often?____ How far?____
4. Standing	☒ YES	☐ NO	How much time/day? 6 hours
5. Walking	☐ YES	☒ NO	How much time/day?____
6. Sitting	☐ YES	☒ NO	How much time/day?____
7. Climbing	☐ YES	☒ NO	How high?____ How often?____
8. Stooping, bending and/or kneeling	☐ YES	☒ NO	How often and/or how long?____

C. JOB DUTIES *(Describe in specific terms the claimant's duties in a typical workday)*

We had to measure material to get an accurate yardage then repair the pieces to shape.

D. WORKING CONDITIONS *(Check appropriate blocks – describe items checked)*

☐ Dust ☐ Noise ☐ Exposure to Elements ☐ Extremes in Temperature ☐ Work Pressure ☐ Dampness ☒ Other

We found that calculating measurements finally made him nervous

E. REQUIRED SKILLS *(Describe all "Yes" answers)*

1. Did job require special skills (e.g., blue print reading, use of tools or machinery)? ☐ YES ☒ NO
2. Training required? ☐ ON THE JOB ☐ APPRENTICE ☐ CLASSROOM
3. Did job require supervising the activities of others? Describe length and type. ☐ YES ☒ NO

III VOCATIONAL DESCRIPTION (Cont'd)

F. OTHER JOBS

1. Did claimant's last job after onset involve an occupation different from principal job? ☒ YES ☐ NO
If "Yes," describe, e.g., physical demands, conditions, required skills, job duties, etc. Do not describe jobs of less than one months duration.

We had various jobs after 1961 I never ever work. He usually cook as a cashier. His last job was as cashier at a boardwalk concession. He could not work his job because he had a stroke.

2. List by job titles and approximate dates worked, other occupations held in 15 years before onset.
NOTE: If claimant is (a) age 55 or older, and (b) had no more than 6th grade education, and (c) performed only arduous unskilled labor 15 years before onset, list all job titles and dates since work began.

104.

IV OBSERVATIONS

A. PHYSICAL DESCRIPTION *(Describe all "Yes" answers)*

1. Did claimant display difficulty with any of the following?

Walking	☐ YES ☒ NO	Hearing	☐ YES ☒ NO	Breathing	☐ YES ☒ NO
Speaking	☐ YES ☒ NO	Use of hands and arms	☐ YES ☒ NO	Sitting	☐ YES ☒ NO
Sight	☐ YES ☒ NO			Other	☐ YES ☒ NO

Describe all "Yes" answers and claimant's general appearance.

DO NOT WRITE IN MARGIN

B. INTERVIEWER'S IMPRESSIONS

1. Did claimant display difficulty with any of the following? *(If "Yes," describe)*

Reading	☐ YES ☒ NO	Writing	☐ YES ☒ NO	Comprehending	☐ YES ☒ NO
Responding	☐ YES ☒ NO	Language	☐ YES ☒ NO		

2. Circumstances surrounding interview.

We came to do work with his wife by bus.

(If additional space is needed, use Form OAC-5002)

GPO : 1965 OF—784-765

Form approved.
Budget Bureau No. 72-R442.3.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

STATEMENT OF CLAIMANT OR OTHER PERSON 105

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON	SOCIAL SECURITY ACCOUNT NUMBER
Nathan Gold	109-28-7273

NOTICE.—Whoever makes or causes to be made any false statement or representation of a material fact for use in determining the right to or the amount of Federal old-age, survivors, or disability insurance benefits or in determining an individual's disability is subject, under the Social Security Act, to not more than a $1,000 fine or 1 year of imprisonment, or both.

PLEASE DO NOT WRITE IN MARGIN

Understanding that this statement is for the use of the Social Security Administration, I hereby certify that—

I have been sick since 1960. From 1956 to 1960 I worked at one job as a cutter. From 1961 through 1963 I worked at a few jobs, never steadily. In 1963 I worked for 16 weeks (11/63-3/63) as a rabbinical supervisor. I had to leave because I couldn't work when they needed me, I could only work when I was feeling good. I worked 5 hours a day, 4 days a week, for $75 to $80 a week. I did not feel well and could no longer work. I worked for Regency Catering Jamaica NY.

Form OA-C795 (11-63) (OVER)

EXHIBIT
Exhibit No. 15 (2 pgs)

PLEASE DO NOT WRITE IN MARGIN

Knowing that anyone making a false ~~statement~~ or representation of a material fact for use in determining the right to or the amount of Federal old-age, survivors, or disability insurance benefits or in determining an individual's disability, commits a crime punishable under Federal law, I certify that the above statements are true.

If this statement has been signed by mark (X), two witnesses who know the person making this statement must sign below, giving their full addresses.

1. Name

Address (*Street number, City, State, and ZIP Code*)

2. Name

Address (*Street number, City, State, and ZIP Code*)

BROOKLYN 23, N. Y.
333
FEB 11 1966
21.3
SSA DIST.

Signature (*Write in ink—First, Middle Initial, Last Name*)

Nathan Gold

Mailing address (*P.O. Box, No. and street or route*)

City State ZIP Code

Date (*Mo., Day, and Year*) 2/11/66

Telephone No. (*If none available, write "None."*)

Exhibit No. (2 Nathan)

U.S. GOVERNMENT PRINTING OFFICE 1963 - O-712-438

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved.
Budget Bureau No. 72-R0554

REPORT OF DISABILITY INTERVIEW
(Write Legibly)

OFFICE: 333 and Y
DATE: 8/21/19
CONTACT MADE: ☑ IN PERSON ☐ TELEPHONE
PLACE OF CONTACT: ☐ DO ☐ CS ☐ HOME ☐ OTHER 107

ACCOUNT NUMBER	CLAIMANT'S NAME	WAGE EARNER'S NAME (If not the claimant)
109-38-7273	Walter Reed	

PERSON(S) CONTACTED ☑ CLAIMANT ☐ OTHER (If other, show name, address and relationship to a claimant.)

NATURE OF INJURY OR ILLNESS	CURRENT AGE	HIGHEST GRADE COMPLETED	OTHER TRAINING
Arthritis & Nose operation	61	8th 9 yrs	in Poland

JOB TITLE (Principal occupation)	TYPE OF BUSINESS OR INDUSTRY	INTERVIEWER'S SIGNATURE
Cutter	Custom plastic slip cover	B Ruben ☐ CR ☐ FR ☑ OTHER

I. ONSET OF IMPAIRMENT	a. DATE INJURY OR ILLNESS FIRST BOTHERED CLAIMANT	b. DATE CLAIMANT STOPPED WORKING	c. AOD
	Abt 1960	1963	1963

Describe effect of impairment on work when condition first bothered claimant.
- Symptoms
- Job duties
- Working conditions
- Attendance

Describe significant changes (with dates) until work stopped.
- Symptoms
- Job duties
- Working conditions
- Attendance

Give claimant's reasons for stopping work.

Explain if AOD later than date claimant stopped work.

WE stated he was advised by his
landlord & the landlords family in Oct '63
that we requested steam. He stated they
choked him & knocked him from & slipped
by him causing a bruise. He was taken
to C) Hospital & they stated results
of tests were negative. He then went
to Kings Co. Hospital & was advised his
nose was broken. He stated he had
a clean finding, but ~~~~ Caused us "Whitewash"
Prior to this attack he was also suffering
from Arthritis & had Osteomyelitis figuring
out thing. He stated he also had Cataracts form
I made Mistakes WE was my Wages abt
date. Abt 4 or 5 yrs ago we had
a nose Operation. He left hospital in a few days
because Ligament Muscle. He left Cutting abt a Conspiracy
A week ~~~~ ~~~~ ~~~~

He had a lumbar laminectomy done by Dr. Hodgson at Kings Daughters Hosp. Hosp. 69 He stated this was a success He has a recent lumbar laminectomy by Dr. Swan Hosp. about 1 yr ago

II. PROGRESSION OF CONDITION

Have there been any changes in symptoms, physical limitations, or activities since work stopped? ☑ Yes ☐ No

108

Condition has gotten worse since stopped.

If yes, describe all changes in condition (with dates) since work stopped.

III. EFFECTS OF CURRENT CONDITION

He has arthritis in hands, neck, back & all joints. He stated he gets pain all the time in his neck. He has a decreased septum & cant breath through his nose. He gets a burning sensation in his stomach. He states gets sick after eating. He takes 6 aspirins a day for arthritis - various colors. He also takes sleeping pills & stated he cant sleep most times 2 hrs, after taking pill. He stated he is very forgetful & cant recall names & dates

Describe current condition
- Symptoms—Type, frequency, severity
- Normal Activity limitations
- Other limitations

Physician placed limitations
- Bed rest
- Special therapy
- Diet
- Restricted activity
- Etc.

IV. DAILY ACTIVITIES

Household Consists of wife & WIFE. In winter he has difficulty shoveling & taking a bath. He was advised to go to the hot cant afford it. He reads a little bit watches things blow. He spends most of the time in a nearby park of watches people play checkers. He goes bowling. Mitzpah serves free of charge occasionally by summer

Describe activities of a typical day
- Physical
- Mental
- Contact with others

Describe assistance required in caring for personal needs.

Describe current living arrangements.

CHECK ANY OF THE FOLLOWING THAT APPLY *(If any of the items are checked—Complete Observations (Section VII) and Omit Sections V and VI Only)*

- ☐ Is house confined because of a physical impairment
- ☐ 3 months after stroke claimant has weakness of 2 limbs, or severe speech or memory defect with marked loss of use of one limb
- ☐ Arthritis with gross deformity of 2 or more limbs
- ☐ Parkinson's disease with marked tremors or propulsive gait.
- ☐ Multiple sclerosis with staggering gait, marked tremors or visual difficulties
- ☐ Other severe, observable limitations *(Describe under Observations (Section VII).)*

If any apply, a description of the impairment and observations are needed to supplement the medical reports.

(If Additional Space Is Needed Use Form OAC-5002)

V. WORK EXPERIENCE

List all types of jobs held in 15 years before onset
- Job title
- Approximate dates worked

List all job titles and dates worked since claimant began working where claimant
- Is age 55 or older, and
- Has 6th grade education or less, and
- Performed only arduous unskilled labor

Abt 1956 – 1962 - cutter in whip cove

He also worked for 1/63 - 3/63 as a supervisor b

Kaiser by a Cuban Negro. Hard Jamaican Creole. It's Jamaica

He worked as a cutter a few weeks for a

lumber mill on Long Island. He also

worked for brokerage of mills after left as cutter

He had dishonorably discharged

Did claimant's last job before onset involve an occupation different from the principal job? (If "Yes," describe in Section VI of a separate SSA-401.) ☐ Yes ☐ No

VI. PRINCIPAL JOB (Vocational Description)

APPROXIMATE DATES WORKED	HRS./DAY	DAYS/WEEK	RATE OF PAY OR AVERAGE EARNINGS
abt 1952-62	9 1/2	5	$ 90 PER week plus interest

A. JOB IDENTIFICATION

B. PHYSICAL DEMANDS

Describe each "Yes" item in terms of:
- Weight
- Distance
- Time
- Frequency
- Etc.

1. Lifting ☐ YES ☑ NO How much in lbs.?____ How often?____ How High?____

2. Carrying ☐ YES ☑ NO How much in lbs.?____ How often?____ How far?____

3. Pushing/pulling ☑ YES ☐ NO How much in lbs.?____ How often?____ How far?____

4. Standing ☑ YES ☐ NO How much time/day? all

5. Walking ☐ YES ☑ NO How much time/day?____

6. Sitting ☐ YES ☑ NO How much time/day?____

7. Climbing ☐ YES ☑ NO How high?____ How often?____

8. Stooping, bending and/or kneeling ☑ YES ☐ NO How often and/or how long? frequently

Use space for narrative description of physical demands where:
- Items above are not appropriate
- Supplemental description of item(s) would be helpful (e.g., human or machine assistance required to move heavy weights.)

9. Describe arm and hand manipulation in terms of (1) degree of coordination needed, (2) whether movements are gross or fine, (3) how often, and (4) how long,

Cut with a saw

10. Driving ☐ YES ☑ NO How often and/or how long?

(If Additional Space Is Needed, Use Form OAC-5002)

VI. PRINCIPAL JOB (Vocational Description) – continued

110

C. WORKING CONDITIONS

☐ Dust ☑ Noise ☐ Exposure to Elements ☐ Extremes in Temperature ☐ Work Pressure ☐ Dampness
☐ No adverse working conditions ☐ Other

Describe each item checked except "No adverse working conditions"

Noise from machines

Be required measurements of chemicals & vapors of Cashmere Humidity plastics and cut plastic with scissors for skip Cases

D. JOB DUTIES

Describe fully each of the duties performed by the claimant in a typical day, including the amount of supervision received.

1. Training–other than on-the-job received ☐ Yes ☑ No
2. Special qualifications or skills required ☑ Yes ☐ No
3. Supervision of others required ☑ Yes ☐ No

E. REQUIRED SKILLS

Shall in cutting
Supervised by & cutting

Describe all "Yes" answers fully.

VII. OBSERVATIONS

Sight	☑ Yes	☐ No	Hearing	☐ Yes	☑ No	Comprehending	☑ Yes ☐ No
Reading	☐ ~~Yes~~	☐ ~~No~~	Use of hands and arms	☐ Yes	☑ No	Breathing	☑ Yes ☐ No
Responding	☑ Yes	☐ No	Writing	☑ Yes	☐ No	Sitting	☐ Yes ☑ No
			Speaking	☑ Yes	☐ No	Walking	☐ Yes ☑ No
						Other	☐ Yes ☐ No

Check each item to the left to indicate whether or not any difficulty was observed.

He is abt 5 ft 4" & weigh abt 140 lbs.
He was bilingual. He stated he went 6 years, He speaks with an accent & had a little difficulty comprehending & responding. Seems to be a Yankee. Part of the time He appeared to have difficulty breathing & coughed & snorted frequently. He appeared very nervous & kept talking about Conspiracy of lawyers & judges & lawsuits against him. His wife appeared bitter. He seemed intelligent when he would

Describe fully
- General appearance
- Behavior
- Outward attitude
- Circumstances surrounding the interview
- ALL ITEMS CHECKED "YES."

(If Additional Space is Needed, Use Form: OAC-5002.)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved.
Budget Bureau No. 72-R0662

REQUEST FOR MEDICAL EVIDENCE

TO HOSPITAL OR INSTITUTION

111

SOCIAL SECURITY ACCOUNT NO. 109-28-7273

SOCIAL SECURITY ADMINISTRATION DISTRICT OFFICE

333 Avenue X
Brooklyn 23, N. Y.

Coney Island Hospital
Ocean & Shore Pkwys.
Brooklyn, N. Y. 11235

ATTENTION: MEDICAL RECORDS DEPARTMENT

I have applied for a determination of disability under the Social Security Act. Accordingly, I would appreciate your furnishing the office shown above information from your records concerning my hospitalization or treatment. I authorize the release of this information to the Social Security Administration. The information you furnish will be used only for official purposes in administering the old-age, survivors, and disability insurance and pertinent vocational laws.

The Administration does not assume any responsibility for payment of fees for furnishing the information requested. A pre-addressed envelope not requiring postage is enclosed.

SIGNATURE OF PATIENT OR OF PERSON (SHOW RELATIONSHIP) FILING ON HIS BEHALF	DATE
Nath Gold	9/4/69

PLEASE FURNISH

- A copy of the Discharge Summary which includes history, clinical course, physical and laboratory findings, therapy and response.

OR

- If such a summary is not available, a copy of Admission History, Physical Findings, Laboratory and X-ray findings as well as a Final Diagnosis.

OR

- Enlargements of microfilm records incorporating the above data.

OR

- If you cannot furnish copies of your records, please provide a narrative or other summary which includes this information.

NOTE: IT IS NOT NECESSARY TO FURNISH RECORDS OF HOSPITALIZATION OR TREATMENT PRIOR TO _____

1 IDENTIFYING INFORMATION

a. ADMISSION DATE(S)	b. DISCHARGE DATE(S)	c. (Give any necessary additional identifying data such as Bldg., clinic, patient no., etc.)
About 1965	1968	☐ IN-PATIENT MA-A5134343 ☒ OUT-PATIENT 278902

d. NAME (Printed) AND CURRENT ADDRESS	e. BIRTH DATE	f. NAME AND ADDRESS AT TIME OF ADMISSION (If different)
NATHAN GOLD 3100 Ocean Pkwy, Apt D25 B'klyn NY 11235	1/13/08	EXHIBIT

FORM SSA-623 (9-68)

Exhibit No. 1 (21 pages)

RECEIVED JUN 1 1956

for - pharmacy letter.

Has complaint of sweat of body with a musty odor also

No 105 - - 64

One Visit

ENT 1-29-62 complains of Tinnitus Right ear Examination revealed one cerumen at ear. Removed by irrigation

DPDT SCREENING NOV 4 1967

Impacted hearing
Otherwise impacted Cerumen
Rt. EAT

Removed by clean

E.N.T. 11/28/67 - Impacted cerumen Rt. ear

Exhibit No. 17 (pg 2)

The City of New York
Department of Hospitals

CONEY ISLAND HOSPITAL

Chart No. 27[illegible] 113

PHYSICAL EXAMINATION

Name GOLD, [illegible] WITHAM Admitted 12/7/67 19 Ward

Local Condition General Appearance Eyes Ears	Nose Mucous Membranes Tongue Teeth	Throat Cardio vascular Lungs Abdomen	Liver Spleen Kidneys Sexual Organs	Skin Glandular Systems Bones—Muscles—Joints Nervous System

CHIEF COMPLAINT: Constipation and epigastric pain for several weeks duration.

PRESENT ILLNESS: The patient had a rectal operation 13 years ago at Mt. Sinai Hosp because ofulcer in rectum. Patient claimed that he felt better after surgery and a few months later the rectum was cauterized. He had rectal problems even before and was unable to move regularly. He had rectal bleeding with no defecation. No pain. Takes mineral oil regularly after surgery, but this does not help bowel movement until 3-4 days later. A few weeks PTA he noted severe constipation with epigastric discomfort, described as cramps, especially after meals. He was seen in Clinic ad was given Fleet enema and mineral oil which helped him. With above complaints he denies vomiting or nausea.

PAST HISTORY: Rectal surgery with cauterization 13 years ago, ulcers. In 1954 at Maimonides Hosp for headaches and workup was done. He had insomnia for years, but could not take sleeping pills because it made him dizzy. Claimed to have arthritis of back for years. On no meds. He had a right inguinal hemiorrhaphy in 1949. Is having a left inguinal hernia and wears a truss. Denies accident. diabetes, hypertension or cardiac disease in the past.

FAMILY HISTORY: Both parents were killed in Poland.

SOCIAL HISTORY: Born in Poland, has been here since 1951. Married with no children. Smokes heavily until 3 years ago. Drinks very rely. Lost his job becuase he became very forgetful and messing all the things he was doing in his job.

REVIEW OF SYSTEMS: Circulatory-denies chest pain but had shortness of breathon walking several blocks, and climbing stairs. Sleeps on 2 pillows. Leg edema. Respiratory-occasional cough and cold. GI-frequent heart burn, chronically constipated. GU-nopolyuria, dysuria, or nocturia. Metabolism-lost a few pounds lately. Neurology, headaches, no blurring of vision. No weakness or numbness.

17 (page 3)

Signature Arm Rosas

BEST COPY AVAILABLE

The City of New York
Department of Hospitals

CONEY ISLAND HOSPITAL

114

Chart No. 278902

PHYSICAL EXAMINATION

Name GOLD, [redacted] NATHAN Admitted 12/7/67 19 Ward

Local Condition General Appearance Eyes Ears	Nose Mucous Membranes Tongue Teeth	Throat Cardio vascular Lungs Abdomen	Liver Spleen Kidneys Sexual Organs	Skin Glandular Systems Bones—Muscles—Joints Nervous System

PHYSICAL EXAMINATION: Patient is 59 year old white man, well developed, well nourished. BP 110/60, pulse 80, respirations 20. Apparently in acute distress.

head: No deformity.

EYES: Sclera is not icteric, conjunctiva is pink. Pupils are round, reactive to light. Fundi are WNL. Ears, cerumen in both ears.

NOSE: Septum deviated to right. Throat is not congested. Tongue is not coated.

NECK: No rigidity. Thyroid is not enlarged. No palpable lymph nodes. No neck vein distension.

CHEST: Symmetrical in contour, regular in expansion. Cardiac rate of dullness normal. RSR goo heart tone, A2 louder then P2. No murmurs.

LUNGS: Clear to A&P.

ABDOMEN: Good heart tone, A2 louder then P2, no murmurs appreciated. Lugs were clear to A&P. Liver, kidney, spleen not palpable. Good bowel sounds, not distended. Presenee of scar in the right inguinal area, presence of reducible, small inguinalhernia.

EXTREMITIES: No deformity, no edema, no varicosities. DTR's accentuated on both sides of upper and lower extremities.

RECTAL: Admits one finger. Stools are light brown and soft. Prostate 2+, not hard or tender.

IMPRESSION: Poor sphinctor control, probably from operative procedure done many years ago.
ASHD.
Left inguinal hernia.
Deviated septum.

R Inguinal Hernia — Accidental [illegible]

Exhibit No. 17 (Signed)

Signature DR. AM. DE ROSAS

Chart No. 278,907

HOSPITAL .....

CONTINUATION RECORD

115

SURNAME	FIRST	MIDDLE	SEX	AGE	DATE ADMITTED	WARD OR CLINIC
Feld	Walter		M	59	1-15-68	015

New

MEDICAL JAN 2 1968

Didn't keep appt. to proctology dept. tonight as I had some laxatives. Instructed to keep appt. Ba enema requested. Out w/out. Fleet's enema. Mylanta for heart burn. RV Info.

W Kerr

PROCTOLOGY JAN 23 1968

I HEREBY GIVE CONSENT FOR THE OPERATIVE PROCEDURE

Sigmoidoscopy

Signed: Walter Feld

Witness: Walter Feld

Return for sigmoidoscopy

Constipation. Has to take laxatives. Took Fleet enema this Am.

No bleeding.

Anus: Large internal hemorrhoids. Rectum filled with liquid & soft stool

Walter Feld

Exhibit No. 11 (page 1)

(Mercy)

HOSPITAL

Chart No.

CONTINUATION RECORD

116

SURNAME	FIRST	MIDDLE	SEX	AGE	DATE ADMITTED	WARD OR CLINIC
Gold	Nathan		M		1/13/08	OPD

MEDICAL FEB - 1908

138

Still has chronic constipation & is taking Ex Salts
No chest pains or abdominal pains or vomiting
Schedule for Barium Enema tomorrow.
BP - 140/80 No distended neck veins.
Heart - RSR Lungs - clear No leg edema.
TRC - One month.
Ex Salts T HS
Bowlax T HS PRN
Gelucil (disc Mylanta) T tid
Castor Oil 2oz HS tonight for BA Enema

A Lopez

PHILADELPHIA FEB - 1908

Enema not T Agreed to 23rd

MH Cohen

MEDICAL MAR 1908 ← 135½

Has diffuse pain with bowlax that he discontinued
Taking it Has epigastric & lower chest pain
after burning & burning after a Burning
Pain Relieved by Salts & Gelucil
No vomiting No Nausea & No Diarrhea
Stool.
BP - 140/80 No distended neck veins
Heart - RSR Lungs - clear
No leg edema.
TRC - 4 weeks

Exhibit No. 17 (Page 6)

Chart No. 278102

HOSPITAL CT

117

CONTINUATION RECORD

SURNAME	FIRST	MIDDLE	SEX	AGE	DATE ADMITTED	WARD OR CLINIC
GOLDMAN			M		4/23/68	CPS

Gd Sense (Acel

Librium 10 tid HS

Dalmane 1 tid PC

Robinul 1 HS PRN

Wt 141½

Complaining of recurrent back pain since spinal. Has still epigastric crampy pain relieved by Antacids. No distended abd veins

Bp - 132/80

Heart - RSR Lungs - clear

Left inguinal hernia

No leg edema

No diarrhea or black stools

HH - one month Will do upper G.I. Series

Dalmane 1 tid PC

Librium 10 tid HS

Robinul 1 HS PRN

DPD SCREENING APR 23 1968

Claims pain in L. knee. No history of injury

Expedited in Med CC. 4.30.68.

XR both knees ordered.

DEPARTMENT OF HOSPITALS

.....HOSPITAL

CONTINUATION RECORD

B&L

SURNAME	FIRST	MIDDLE	SEX	AGE	DATE ADMITTED	WARD OR CLINIC
Gold	Nathan		M		1/13/08	OPD

118

New MEDICAL APR 30 ... Wt 141 Lbs.

Has chronic joint pains & knees & elbows, taken to Sanitarium. X-ray - & shows Rheumatoid arthritis with exacerbation.

Bp - 134/80

No distended neck veins

Heart - N.S.R.

Lungs - clear

No hydrocele

RC - one month

Chloral T tab 2nd PC

Salicylate T 4 HS

Codeine T 1/2 gr HS

New Ref. 3/31/08 142 Lbs - Wt.

Has pains in knees & hands especially on cold weather. Has non-productive cough since 3 weeks. Exp - Lungs - clear

Throat - congested

Heart - N.R.

Bp - 140/90

No hydrocele

Knees not hot & tender.

RC - one month

Bromides 1 gr TID

Chloral T 4 HS

Codeine 10 gr HS

Salicylate 1/2 gr TID

Exhibit No. 17 (page 8)

Chart No. 278-90 ✓

HOSPITAL .....

119

CONTINUATION RECORD

SURNAME	FIRST	MIDDLE	SEX	AGE	DATE ADMITTED	WARD OR CLINIC
Gold	Nathan		M	60	1-13-08	OPS

MEDICAL MAY 28 1968 new Rx 5/31/68

New MEDICAL JUN 27 1968 Wt 138½

Still having pain left shoulder, occasional throat irritation & cough occasionally expectorating on - Rales - Lungs clear

Rx - 13/51

throat gargle

Heart - RSR Lungs - clear

No ankle or leg edema

RTC - one month

Nembutal sgng 1 tsp hs — Codein 25 gr bid.

Luminal tab hs

Librium 10 mgs. tid — Rx

New MEDICAL JUL 25 1968 139½ wt

Still has pains in shoulders, hands, knees & low back; states a small polypoid mass at right side of tongue that pained but bothered it check. No cough at present. No chest pains. No headache.

Rx - 13/78 neck veins not distended.

Heart - RSR Lungs - clear.

No ankle edema.

RTC - 2 weeks

Librium 10 tid, Luminal tab, Codein ss - ½ bid — Rx

S.R. 5013-70031-710844(67) 346

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITA

Exhibit No. 17 (Page 9)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

Chart No. 46 702

.....HOSPITAL

CONTINUATION RECORD

120

SURNAME	FIRST	MIDDLE	SEX	AGE	DATE ADMITTED	WARD OR CLINIC
Gold	Nathan		M		1/13/08	OPD

B.D.

ENT-OPD AUG 20 1968 – Complains of ~~nasal obstruction~~ – Especially on right – Had nasal surgery several years ago but did not improve.

Dx – Hypertrophic rhinitis, deviated nasal septum to right

Papilloma of tongue Adm Bx Revision

Harold

I HEREBY GIVE CONSENT FOR THE FOLLOWING OPERATIVE PROCEDURE:

Signed: Nath Gold

Witness:

Excision of papilloma dorsum of tongue by cutting current – Specimen sent to lab

Harold

ENT-OPD AUG 27 1968 – Inf on tongue healing – Specimen after – well

Harold

ENT-OPD SEP 10 1968 – Pt

Exhibit No. 19 (Page 10)

Chart No. 278-902

HOSPITAL .....

121

CONTINUATION RECORD

SURNAME	FIRST	MIDDLE	SEX	AGE	DATE ADMITTED	WARD OR CLINIC
Gard	Nathan		M		1-13-08	OPS

MEDICAL SEP 19 1968

New Wt 136 –

Complaining of insomnia at times + horrible dreams – pictures during War Time when he was in a Concentration Camp.

No chest pain – no headaches. Appetite very good. Occasional epigastric discomfort & takes ½ gelusil – once this not relieved

Bp – 104/80 heart, lungs not disturbed

Heart – PSR no (M)

Lungs – clear

No ankle edema

Rx – 2 months

Gelusil T qid

Bellergen 25 mgs bid

Librium 10 mgs bid

Dr Rosen

NW Medical = Rec. 15/68 Wt = 140 lbs

Occasional epigastric discomfort, no vomiting, no diarrhea. No chest pain

Bp – 120/80

Heart – PSR

Lungs – clear

No edema

Rx – 3 months

Gelusil Bellergen Librium Elixir Tegr hydrate

Dr Rosen

S.R. 5003-700M-710844(67) 346

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

Exhibit No. 17 (Page 11)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

CJ HOSPITAL

Chart No. 278702

CONTINUATION RECORD

122

SURNAME	FIRST	MIDDLE	SEX	AGE	DATE ADMITTED	WARD OR CLINIC
Kahan	Abd		M		1-13-08	OPS

Now - wt 140 lbs

MEDICAL FEB 1969 NOW = 140 lbs

Claims is very nervous & tense, wonders if he
pt a psychiatrist. Still having epigastric pain
& low back pain. No vomiting, no diarrhea
BP - 120/80 neck veins not engorged.
Heart - RSR
Lungs - clear
no leg edema
RX - 3 month
Celexa 10mg Tab qd
Librium 5 mg bid
Inderal 25 mg bid
D/C H comet. (Fam)

Exhibit No 17 (Page 12)

Chart No. 278902

HOSPITAL C. L

123

CONTINUATION RECORD

SURNAME	FIRST	MIDDLE	SEX	AGE	DATE ADMITTED	WARD OR CLIN
Rhoad	Nathan		M			

ADD - SCREENING FEB 13 19[illegible]

Rx Continue Medicines,
Nerves - ~~Trust~~,

1) Elixir. Terpin. Hydrat.
5 - 10 cc p.o. q.i.d.

2) Multivitamin. Caps
#50
~~5 - one T i.d.~~

NEW MEDICAL MAY [illegible] BK/ [illegible]

Exhibit No. 17 (page 13)

S.R. 5003-7m-M-71(R44)(67)

CONEY ISLAND HOSPITAL

AFFILIATED WITH
MAIMONIDES MEDICAL CENTER

DATE 12 13 69 LOCATION OPD-SCREENING 124

272402 (50)
COLO NATHAN
HR5134343 01-13-08

Fill Out All Information Requested

PREVIOUS X-RAYS AT C.I.H.? ☐ NO ☐ YES YEAR: | SERVICE

WALKING ☐ WHEELCHAIR ☐ STRETCHER ☐ PORTABLE ☐ O.R. ☐

EXAMINATION REQUESTED: Chest

CLINICAL DIAGNOSIS: Obs- Losing weight

OCCUPATION

HISTORY: (NO REQUEST ACCEPTED WITHOUT DEFINITE CLINICAL INFORMATION)
See your report 8/26/68

ALLERGIES
to Smells

14 x 17	11 x 14	10 x 12	9 x 9	8 x 10
2				

ORDERED BY

TECH. —

M. D.

DATE TAKEN 2/13/69

REPORT:
B 1 3 1969

PA and lateral views of the chest show no evidence of acute pulmonary pathology. There are some residual fibrotic changes at the base of the right lung. No cardiomegaly. Aorta consistent with the age.

Conclusion: No acute pulmonary pathology.
Prominent left hilum, most likely vascular in nature.
Residual post inflammatory fibrotic changes at the base of the right lung.

FR J. F. KOSMOSKI, M.D.

Exhibit No. 17 (page 14)

RADIOLOGIST

CONEY ISLAND HOSPITAL

AFFILIATE OF
MAIMONIDES MEDICAL CENTER

ca
vil
23, 1968

Fin... 8 1968

278902

DATE ... 28 68 TION

(16)

125 NAME

1/13/08 M 278902 NO.
GOLD NATHAN
MA-A5134343 AD-
APR 23 1968 DRESS

Fill Out All Information Requested

EVIOUS X-RAYS AT C.I.H.? ☐ NO ☐ YES YEAR:

SERVICE Medical

'ALKING ☑ WHEELCHAIR ☐ STRETCHER ☐ PORTABLE ☐ O.R. ☐

AMINATION REQUESTED: G. I. Series

INICAL DIAGNOSIS: R/o Hiatus Hernia

OCCUPATION

STORY. (NO REQUEST ACCEPTED WITHOUT DEFINITE CLINICAL INFORMATION)

Epigastric pain relieved by Antacids.
Constipated B.E. negative.

LERGIES None

14 X 17	11 X 14	10 X 12	9 X 9	8 X 10
2	1	4	3	

UESTED BY Angelina DeRosa M. D.

TECH. AJ DATE TAKEN 4/23 ROOM 5

PORT:

4/23/68

On fluoroscopy, there was evidence of sliding hiatus hernia, and reflex duodenal bulb deformity. Roentgenographic findings confirm the former , where one notes a sizeable sliding hiatus hernia together th a small diverticulum arising from the transvere portion of the duodenal sweep.

OPINION: Sliding hiatus hernia.

Duodenal diverticulum, measuring approximately 1 cm. in its greatest diameter.

EG

N. TOURLIPSAS, MD.

Exhibit No. 17 (pages)

(BEST TYPED COPY OF FOLLOWING EXHIBIT FOR LEGIBILITY)

4/23/68

Films were made of both knees and both elbows. There is minimal hypertrophic spur formation noted in both knee joints, especially on the right with minimal calcification in the patella. Tendinous insertion of the quadriceps. Similar calcifications noted in presumably the tendon of the triceps in the left elbow.

OPINION: Osteoarthritis, both knees, minimal.

Ligamatous calcifications, left elbow, right knee, quadriceps, minimal.

N. TOURLITSAS, MD.

CONEY ISLAND HOSPITAL

AFFILIATE OF
MAIMONIDES MEDICAL CENTER

DATE APR 23 1968

127

PREVIOUS X-RAYS AT C.I.H.? ☐ NO ☐ YES YEAR: | SERVICE

WALKING ☐ WHEELCHAIR ☐ STRETCHER ☐ PORTABLE ☐ O.R. ☐

EXAMINATION REQUESTED: both knees (12)
both elbows.

CLINICAL DIAGNOSIS: Acute pain b.l. knees. Arthritis of

HISTORY: (NO REQUEST ACCEPTED WITHOUT A DEFINITE CLINICAL HISTORY) trauma

Had episodes of pain in other joints too.

OCCUPATION

ALLERGIES none.

ORDERED BY

REPORT: Knees M.D. Hodges 4/23/68

4/23/68

Films were made of both knees and both elbows. There is minimal hypertrophic osteoarthritic deformation noted in both knee joints, especially on the right with minimal calcification in the patella. Tendinous insertion of the quadriceps. Similar calcifications noted in presumably the tendon of the triceps in the left elbow.

OPINION: Osteoarthritis, degenerative, minimal.

Dystrophic calcifications, left elbow, triceps, quadriceps, minimal.

Exhibit No. 12 (page 1 of 2)

BEST COPY AVAILABLE

CONEY ISLAND HOSPITAL
AFFILIATE OF
MAIMONIDES MEDICAL CENTER

278902

DATE FEB 2 1968 LOCATION 128

1/13/08 M 278902
GOLD NATHAN
NA-A5134343

Fill Out All Information Requested

REVIOUS X-RAYS AT C.I.H.? ☐ NO ☒ YES YEAR: 1967 SERVICE OPD med.

WALKING ☐ WHEELCHAIR ☐ STRETCHER ☐ PORTABLE ☐ O.R. ☐

XAMINATION REQUESTED: Ba enema.

LINICAL DIAGNOSIS: R.O. neoplasm.

OCCUPATION unempl.

TORY: (NO REQUEST ACCEPTED WITHOUT DEFINITE CLINICAL INFORMATION) Chronic constipation, poor sphincter contr

LERGIES ?

14 x 17	11 x 14	10 x 12	9 x 9	8 x 10
4		1		1

IES BY [illegible] M.D. TECH. EMS DATE TAKEN ROOM

PORT:

Fluoroscopic data not available. The entire colon is opacified, demonstrating no definite filling defects. There is reflux into the terminal ileum noted.

Opinion: No definite pathology observed.

FR

N. TOURLITSAS, M.D.

Exhibit No. 17 (page 17)

CONEY ISLAND HOSPITAL

AFFILIATE OF

MAIMONIDES MEDICAL CENTER

DATE 11 24 67 (35) LOCATION (ER)

NOV 29 19
278902

PREVIOUS X-RAYS AT C.I.H.? ☑ NO ☐ YES YEAR:

SERVICE O.P.D.

WALKING ☑ WHEELCHAIR ☐ STRETCHER ☐ PORTABLE ☐ O.R. ☐

EXAMINATION REQUESTED:
Chest 14 X 17

1967 129

1/13/06 M 278902
GOLD NATHAN
HA-A5134343
Fill Out All Information Requested

CLINICAL DIAGNOSIS: Routine

OCCUPATION Ret

HISTORY: (NO REQUEST ACCEPTED WITHOUT DEFINITE CLINICAL INFORMATION)

ALLERGIES

ISSUED BY [signature] M. D.

14 x 17	11 x 14	10 x 12	9½ x 9½	8 x 10
TECH. MB			DATE TAKEN 11-25-67	ROOM

REPORT:

Heart enlarged to the left. Arch calcified.

Slight congestion.

E Mendelson M.D.
E. MENDELSON, M. D.

EG

Exhibit No. 17 (page 18)

CONEY ISLAND HOSPITAL

AFFILIATE OF
MAIMONIDES MEDICAL CENTER

130

LAB ACC. NO. 688-2107

PATIENT Gold, Nathan HOSP. NO. 278902 WARD OPD

DATE OF OPERATION ~~278922~~ 8/20/68 DATE RECEIVED 8/20/68

SPECIMEN: Papilloma of tongue

Gross Description

Specimen consists of an oval piece of papillomatous tissue, measuring 0.7 x 0.4 x 0.3 cm. The external surface is smooth and whitish. No discernible normal mucosa is seen. Cross section shows thitish, homogeneous parenchyma.

Microscopic

Sections show an area of hyperkeratosis. The remaining epithelium is stratified squamous and appear normal. The subepithelial tissue is fibromuscular and contains a cavity lined by squamous epithelium.

Diagnosis: Traumatic inclusion cyst of tongue code I

Exhibit No. 17 (Page 1)

KG/djb 8/26/68
DATE REPORTED

K Gerstmann, M.D.
PATHOLOGIST

affiliated with
MAIMONIDES MEDICAL CENTER

2nd copy

REPORT OF ELECTROCARDIOGRAM

NAME: Gold, NATHAN SEX: M AGE: 59 WARD: OPD CHART #: 278902

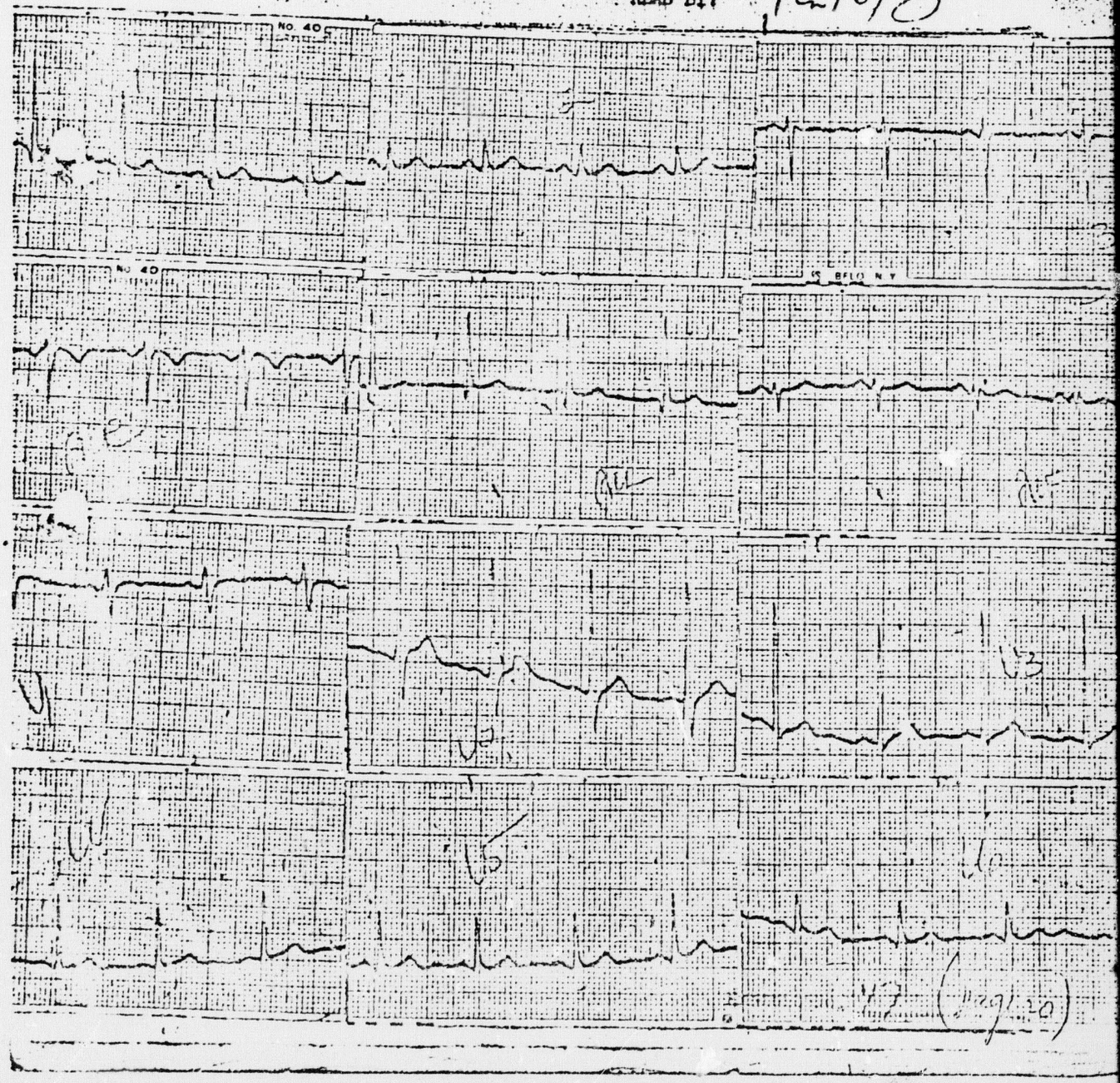
DATE TAKEN: 11-28-67 1:40 PM TECH: CK DIG.: — QUIND: — B.P.: 140/80 ECG #: 20315-67

REPORT:

RSR 83 PR .14 LAD QRS .08 TALL R IN I, AVL, MARKED COUNTER CLLCKWISE ROTATION LVH

131

DATE READ: NOV 22 1967 READ BY: Pinto/Dorn



'ame of Patient

Good Father

Hospital No. 27 39 02

Ward or Dept. Neu Medical

132

Question

61 y/o W/M very nervous & has vague complaints of pains & aches. Positive finding is a sliding hiatus hernia & duodenal diverticulum. He is most anxious to see a psychiatrist. Please see & evaluate. Thank you,

Opinion February 18, 1962

Signature of Attendant

Patient is a 61 year old, white married male with many vague complaints for which no physical basis is found. For this reason, he is referred for psychiatric consultation.

No hallucinations, delusions, thought content disorder, depression, suicidal ideation was found but there is distinct impairment of the patient's memory of which he is aware. Patient's difficulty with dates and numbers - this being of relatively recent origin. Along with this, he has many complaints of various and sundry parts of his body for which no physical basis, as noted above, has been discovered. Insomnia is also one of his complaints.

Date

~~Signature of Consultant~~

DIAGNOSIS: I. HYPOCHONDRIACAL NEUROSIS.

II. ORGANIC BRAIN SYNDROME INCIPIENT, SECONDARY TO CIRCULATORY DISTURBANCE

M. Bernard Hecht M.D.

RECOMMENDATIONS:

Triavil 2/25 q.i.d. two tablets h.s. was prescribed.

Actually, patient's complaints are as much as part of him as his nose and, in my opinion, nothing can be done to eliminate them. However, I believe they are somewhat exaggerated; both iatrogenic and epinosic being important in their origin and maintenance.

ls
2/19/69

Exhibit No. 17 (page 2)

M. Bernard Hecht, M.D.
Staff Psychiatrist

MEDICAL RECORD COPY

L-90519

UNIT NO.	SER.	ACC.
[illegible]	CT	2

ROOM	BEDS	ROOM RATE
1224	2	[illegible]

PHYSICIAN(S)
D. BERNSTEIN

1ST DR. CODE	2ND DR. CODE
00	

RELIGION	CLINIC REG.
[illegible]	

OCCUPATION
[illegible]

3- NATHAN GOLD
3100 OCEAN PARKWAY
BROOKLYN 35, NEW YORK

DATE OF ADMISSION	TIME	A.M. / P.M. / AFTER 5:00
1-10-65	2:10	P.M.

AGE	SEX	CODE	PREV. AD.	DATE	MAR. ST.
88	M	01	NO		W

DATE OF BIRTH	PLACE OF BIRTH	REG. BY
1-10-[illegible]	ROMANIA	PV

NEXT OF KIN, RELATIONSHIP, ADDRESS, TEL.
MINNIE (WIFE)
SAME ADD
996-0149

UNIVERSITY HOSPITAL
NEW YORK UNIVERSITY MEDICAL CENTER
NEW YORK, NEW YORK

'65 OCT 29 AM 10:05

133

PERSON TO NOTIFY IN AN EMERGENCY
MINNIE (WIFE) [illegible]

HOME PHONE	BUSINESS PHONE
996-0149	

ADMITTING DIAGNOSIS
DEVIATED NASAL SEPTUM-DEFORMITY OF NOSE

OPERATION DATE AND TIME

PERSON RESPONSIBLE FOR CHARGES
PATIENT

ADDRESS
SAME

DIET
?

ROOM	NAME	PHYSICIAN
1224	NATHAN GOLD	D. BERNSTEIN

Q-sched @ 1:00 pm 1/23/65

514.0
517.9
802.9

21.1
21.4

EXHIBIT 18 JS
Exhibit No. 4 (2 pages)

F1040A Medical Record Copy

UNIVERSITY HOSPITAL - FINAL SUMMARY

~~GOLD, NATHAN~~
93650
Dr. Bernstein

Admitted: 1/19/65
Discharged: 1/23/65

134

CHIEF COMPLAINT: Difficulty breathing through the nose for one year.

PRESENT ILLNESS: This 55 year old white male was in a building collapse during the war. He suffered nasal trauma. In 1963 he was attacked and agin suffered trauma to his nose and the nose was ~~possibly~~ definitely fractured at that time. Since then he has had difficulty breathing through the nose on both sides. He denies any discharge from the nose and no history of sinusitis.

PAST HISTORY: Herniorrhaphy 20 years ago.

SYSTEM REVIEW: As stated above. The chest revealed no history of chest pain, cough, hemoptysis. CV: No history of hypertension, shortness of breath, paroxysmal nocturnal dyspnea. GI: Negative. GU: Negative.

PHYSICAL EXAMINATION: This is a well developed white male in no distress. Head: No anomalies. Ears and eyes: Clear. Nose: Marked septal deviation, mostly to the right. Subluxation anteriorly of the septum. Mouth: Clear. Throat clear. Neck: No masses palpable. Chest: Clear to percussion and auscultation. Heart: No murmurs, no megaly. Normal sinus rhythm. Abdomen: Soft. Liver and spleen not palpable. Extremities: Intact.

LABORATORY DATA: Negative.

HOSPITAL COURSE: On 1/20/65 the patient underwent an SMR under local anaesthesia and did well postoperatively.

SURGICAL PROCEDURE: Submucous nasal resection. + plexiplasty

FINAL DIAGNOSIS: Deviated nasal septum and Deformity Sinuses to Fracture Nose

Dr. Messrobian/lan/AMTS
2/7/65

Exhibit No. 18 (page 2)

REMARKS

(Signed) K.D.
RESIDENT PHYSICIAN

(Signed) David Bernstein M.D.
ATTENDING PHYSICIAN

2004

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration

Form approved.
Budget Bureau No. 72-R662

REQUEST FOR MEDICAL EVIDENCE
TO HOSPITAL OR INSTITUTION

SOCIAL SECURITY ACCOUNT NO. 107-28-7273

SOCIAL SECURITY ADMINISTRATION DISTRICT OFFICE
333 Livingston St.
Brklyn. N.Y.

135

Kings County Clinical
451 Clarkson Ave.
Brklyn N.Y.
ATTENTION: MEDICAL RECORDS DEPARTMENT

I have applied for a determination of disability under the Social Security Act. Accordingly, I would appreciate your furnishing the office shown above information from your records concerning my hospitalization or treatment. I authorize the release of this information to the Social Security Administration. The information you furnish will be used only for official purposes in administering the old-age, survivors, and disability insurance and pertinent vocational laws.

The Administration does not assume any responsibility for payment of fees for furnishing the information requested. A pre-addressed envelope not requiring postage is enclosed.

SIGNATURE OF PATIENT OR OF PERSON (SHOW RELATIONSHIP) FILING ON HIS BEHALF	DATE
X Nathan Gold	2/8/66

PLEASE FURNISH

- A copy of the DISCHARGE SUMMARY which includes history, clinical course, physical and laboratory findings, therapy and response.
- If such a summary is not available, a copy of Admission History, Physical Findings, Laboratory and X-ray findings as well as Final Diagnosis.
- If you cannot furnish copies of your records, please provide a narrative or other summary which includes this information.

12/14/65 - last time was at clinic

1 IDENTIFYING INFORMATION

a. ADMISSION DATE(S)	b. DISCHARGE DATE(S)	c. ☐ IN-PATIENT ☒ OUT-PATIENT (Give any necessary additional identifying data such as Bldg., clinic, patient no., etc.)
1963	11/65	clinic # H-40549

d. NAME (Printed) AND CURRENT ADDRESS	e. BIRTH DATE	f. NAME AND ADDRESS AT TIME OF ADMISSION (If different)
NATHAN GOLD 3160 OCEAN PKWY BKLYN, N.Y.	1/13/08	SAME - BROOKLYN, N.Y. 11235

FORM OA-D823 (1-65)

Exhibit No. 19 (3 pages)

EXHIBIT

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

.....HOSPITAL

DIVISION OF ROENTGENOLOGY

136

REPORT OF RADIOGRAPHIC EXAMINATION

Name NATHAN GOLD Ward H 40549 Date DEC 14, 1965

Examination of SINUSES Film Nos. [illegible] 38

Clinical Diagnosis.....

Findings:—

Marked clouding and opacification of the maxillary sinuses.

Some clouding of the ethmoids.

n6-1b

Conclusions:—

Exhibit No. 19 (page 2)

...HE CITY OF NEW YOR...
...EPARTMENT OF HOSP...

...COUNTY HOSPITAL Chart No. 1[illegible]

ADMISSION RECORD

137

Surname	First	Middle	Sex	Age	Date of Birth	Date ...	... or Lim...
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			
Permanent Address [illegible]			Nativity [illegible]		Color W. ☐ N ☐	Other ...	... Single Sing... W.M.L.
Occupation					Dates of Previous In-Patient Admissions		

...IR IN-PATIENT SERVICE ONLY

On discharge re... ...llowing data; Use Terms and Codes of Standard Nomenclature

Date discharged _____ ...ition: Improved ☐ Unimproved ☐ Not Treated ☐ ... ☐ Died ☐

Final diagnosis: Main Condi... _____ Code No. _____

Additional C... _____ Code No. _____

BEST COPY OBTAINABLE

Service [illegible] Visiting Dr. _____ House Dr. _____

In the following report include: ...ILY HISTORY: hereditary conditions and causes of family deaths.

PREVIOUS HISTORY: hab... ...causes, childhood diseases, other diseases, operations and injuries.

PRESENT CONDITION: ... ...mode of onset, possible cause, course, and review of systems.

...ma, include cause and time of injury.

[illegible]

[illegible]

[illegible]

NEW YORK

OUT PATIENT DEPARTMENT

133

NAME Gold Nathan (Please Print) Last Name First Name NO. 047679

HISTORY, EXAMINATION AND PROGRESS NOTES (Continued)	MEDICATIONS Name And Dosage
Laber. Held.	
APR 25 1969 Wt 142 lbs T 98	Accepted
Pain Stomach since 1939 — Chiro adjustments	
— U/G Xray — 10 - 20 years p.c.	
— also at night — walks	Most days
sharp — — severe ½ - 1 hr.	
— last 4 yrs	
Has had medical care here — Chart and Xrays	
Pt. says he wants to "get X-rays"	
Husband Rectal surgery	
Dyspepsia. dyspepsia. Pt. nervous	
Constipated — 2 BM q week. Hot flash & flood	
Pain Pt has less pain with bowel and/or flatus	
Exam — Pt. does not appear ill.	
Points to area just above navel as site of pain	
Exam — Abd. benign —	
Rectal — benign — N. brown stool	
Sigmoidoscopy — deferred — to urgency	
History & Education suggests relationship (possible)	
to dyspepsia & constipation	
Advised — table locations PRN	
To return per chart to be seen	
one week p.n. May 19	
Gl — July 15 1969	
Pt. says to have X-rays — ? Pylorus	
Works Gilmore Rd — Q — Glen —	

EXHIBIT

Lopez (J.)

EXHIBIT NO. C

PLEASE SIGN ALL ENTRIES AND WRITE A COMPLETE, LEGIBLE CLINIC NOTE

THE MOUNT SINAI HOSPITAL
NEW YORK

OUT PATIENT DEPARTMENT

COLD NATHAN 10/59
3100 OCEAN PKWY
SOC. SEC. NO.

NAME (Please Print) Last Name First Name

139

HISTORY, EXAMINATION AND PROGRESS NOTES (Continued)	MEDICATIONS Name And Dosage

E.N.T. CLINIC
P.M. MAY 5 1969

BEST COPY OBTAINABLE

Double breathing Rt side

Nose 2 prunn ops

OE - larynx not seen well - gag

Ears wax. - removed

TM's normal. Weber centered

Rhin R, L + DL

Nose - Septum → Rt

trig Spurs

T.C.T. for S.M.R. (Dec. 1st op)

W.H. Shenk

E.N.T. CLINIC - M.W.F. A.M. JUN 18 1969

Exhibit No. 20 (pages)

PLEASE SIGN ALL ENTRIES AND WRITE A COMPLETE, LEGIBLE CLINIC NOTE

BEST COPY AVAILABLE

M.A.C.S.

THE MOUNT SINAI HOSPITAL
NEW YORK

OUT PATIENT DEPARTMENT

140

NAME _____ NO. _____
(Please Print) Last Name First Name

HISTORY, EXAMINATION AND PROGRESS NOTES (Continued)	MEDICATIONS Name And Dosage
MAR 26 1945	
Needs a total body checkup	
Minor Med. Clinic	
Chief complaint	Medicine
Impression	
Rx	
Refer to	
	B/Thiamin
	Weight 5'3½"
	wt. 140 lbs.
	Temp 98.4
	Pulse
Patient is already known	
to this hospital.	
Complains about indigestion.	
2) Vitamin B12 injection to stop trouble	
3) Hyperacidity, sour eructations.	
4) C. Hyp-Rom.	
5) Most important	
a real menu must	
follow [illegible]	
1) Dormutal.	
2) Seconal.	
Sick Callers-2	
Order clear-Dry Lab	
Stool for Occ. blood.	

PLEASE SIGN ALL ENTRIES AND WRITE A COMPLETE, LEGIBLE CLINIC NOTE

HISTORY, EXAMINATION AND PROGRESS NOTES (Continued)	MEDICATIONS Name And Dosage
Today I pain in the R. shoulder 2) often pain in the upper stomach 3) headaches 4) stiffness in morning he stopped the pills he is taking 1) Glorin 2) Darvon 3) Darvocet 4) Phenacetin told him to stop taking these medications and Darvon and start taking Empirin Compound for arthritis also 1. please evaluate and treat the patient if needed A. R. Mallory	Librium 10 mg 1 cap. 3 + h.s. Darvon to take 3 + h.s. if needed Phenacetin Fiorinal
very nervous - can't sleep at night has "arthritis" - already & "friends dumped. Is also no help always has indigestion pain A. Gl read can't have 10 mg Gl. Valium Feb.	

Exhibit No. 20 (page 4)

DATE 2/14/66 PLEASE SIGN ALL ENTRIES AND WRITE A COMPLETE, LEGIBLE CLINIC NOTE

THE MOUNT SINAI HOSPITAL

NEW YORK

OUT-PATIENT-DEPARTMENT

NAME _____ (Please Print) Last Name First Name

NO. 142

HISTORY, EXAMINATION AND PROGRESS NOTES (Continued)	MEDICATIONS Name And Dosage
E.N.T. AUG 06 1959 M.W.F. P.M.	
E.N.T. CLINIC M.W.F. P.M.	
Pt numerous complaints of nervous. C/O epigastric distress Nasal congestion - Cough & pain in chest. Chronic complaints ... recent ... Chronic Appears Also with other complaints.	
PE	
Oropharynx - edematous clear hypopharynx - Cords no visualized well - remainder clear	
Nose - Septum Septum (D) side deviation to (L)	
Imp - hysterical personality deviated Septum Mild Sinusitis	
Disp Dimetane Exp Cod RTC prn	

20 (page 1)

PLEASE SIGN ALL ENTRIES AND WRITE A COMPLETE, LEGIBLE CLINIC NOTE

THE MOUNT SINAI HOSPITAL
NEW YORK, N. Y.

LABORATORY AND X-RAY REPORTS

UNIT NO. SEX - AGE
SERIAL NO. AND LOCATION
PHYSICIAN OR SERVICE

143

REQUESTED BY: DR. _____
MISC. TESTS: (Specify) C B C Sed Rate = 23 mm/HR.
MCV = 79
MCH = 27.1
MCHC = 35.2
REPORT:

CHECK ONE ONLY:
TO BE DONE:
Today ☐ Thurs. ☐
Tues. ☐ Fri. ☐
Wed. ☐ 11740.5

ONLY NEW ADMISSIONS AND EMERGENCIES DONE ON SATURDAYS, SUNDAYS AND HOLIDAYS.

DATE
LOCATION
NAME
UNIT NO.
SEX/AGE
PHYSICIAN
SERVICE

[illegible] 10/69
[illegible] OCEAN PKWAY
[illegible] 51[illegible]

PATIENT'S CHART COPY

① ②

BLOOD: Check Items Desired (√)

(√) Routine 14.2 ( ) RBC 5.07
( ) HGB ( ) PLTS.
( ) WBC ( ) RETIC.
( ) DIFF.
Poly. Seg. 62 Lym. 30
Poly. Band Mono. 3
( ) Eos. 4
( ) Baso.
Description: Hg. Lipe. I.

URINE: Check Items (√)

( ) Routine
( ) Color and Character
( ) Sp. Gr. ( ) pH
( ) Protein ( ) Glucose
( ) HCL. Ring ( ) Clinistix
( ) B-J. Prot. ( ) Clinitest
( ) Occult Blood ( ) Ketones
( ) Bile ( ) Urobil
( ) Other
( ) Micro. (Centrifuged) per H.P.F.:
RBC ... Casts
WBC ... Cryst
Clumps ... Other

STOOL: Check Items (√)

( ) Occult Blood
( ) Stercobilin
( ) Micro.
WBC
RBC
Neutral Fat
Fatty Acids
Starch
Description:

DO NOT WRITE IN THIS SPACE

LABORATORIES OF THE MOUNT SINAI HOSPITAL, N. Y.

DATE 5/1. CLINICAL MICROSCOPY # _____ BY N. S.
BMR ( ) BLOOD ( ) URINE ( ) STOOL ( ) MISC. ( )

2

③

Exhibit No. 20 (page 6)

AC 384479

THE MOUNT SINAI HOSPITAL
NEW YORK, NEW YORK

DATE ADMITTED MO. DAY YEAR: 1 25 65

☑ EMERGENCY ROOM ☐ ORAL SURGERY
☐ PEDIATRIC ACUTE CLINIC CARE ☑ ADULT ACUTE CARE CLINIC

TIME: 3:29 ☑ AM ☐ PM

HOW ADMITTED: ☐ WALKING ☐ STRETCHER ☐ WHEELCHAIR ☐ AMBULANCE

TREATED AT HOSPITAL BEFORE: ☑ EMERGENCY ☐ OUT-PATIENT ☐ IN-PATIENT

UNIT NO. 17.74

PATIENT'S NAME (LAST) Lieb (FIRST) Nathan (M.I.)

STREET ADDRESS 310 E. Ocean Pkwy

CITY Babylon STATE PHONE NUMBER

ACCOMPANIED BY, NAME RELATIONSHIP

SEX CIRCLE ONE (M) F DATE OF BIRTH MO. 1 DAY 13 YEAR 65

POLICE PRECINCT NO. BADGE NO.

WELFARE CASE NO. 513454 CENTER NUMBER 445

CASE NAME

BLUE CROSS NO. (A.H.S. NO.)

CONTRACT HOLDER'S NAME 55-23560 40 3000000 C

HOLDER'S RELATIONSHIP

COMPENSATION ☐ YES ACCIDENT ☐ YES DATE OF ACCIDENT MO. DAY YEAR 55-23560 AMOUNT 3000.00 C

EMPLOYER AND ADDRESS

CHARGES	$	¢
REGISTRATION		
X-RAY		
INJECTION	11	
CAST		
SUTURES		
LABORATORY		
MEDICATION		
O.R.		
OTHER		
TOTAL		
AMOUNT PAID		
BALANCE		

WHERE & HOW INJURED (OR COMPLAINT)

TEMP ☐ ORAL ☐ RECTAL PULSE: RESP: BLOOD PRESSURE: REPORTED TO ☐ HEALTH DEPT. ☐ POISON CONTROL ☐ POLICE PCT.

NOTES:

HISTORY & PHYSICAL EXAM: Cramps in ears.

Hx Ox. pain in ear

Pt's c/o Epigastric pain for many yrs. Not relieved by Maalox with food. Exam reveals epigastric tenderness. No melena, hematemesis, jaundice.

DIAGNOSIS: R/O Ulcer.

TREATMENT:

SIGNATURE (M.D.)

FOLLOW UP DATES MO. DAY YEAR	PROGRESS AND TREATMENT	M.D.	R.N.

DISPOSITION

REFERRED TO CLINIC: NAME	ADMITTED TO: (LOCATION)	TRANSFERRED TO: (HOSPITAL)	HOME	LMD
JI				

RETURN APPOINTMENT DATES: MO. DAY MO. DAY MO. DAY MO. DAY

Exhibit No. 20

MEDICAL RECORD COPY

THE MOUNT SINAI HOSPITAL
NEW YORK, N. Y.

LABORATORY AND X-RAY REPORTS

UNIT NO.
SEX - AGE
SERIAL NO. AND LOCATION
PHYSICIAN OR SERVICE

145

THE MOUNT SINAI HOSPITAL, NEW YORK CITY DEPT. OF RADIOLOGY

NAME	SERVICE	AGE	DOCTOR	LOCATION	UNIT-X-RAY NO.
GOLD, NATHAN		M		OPD	047 679

4-16-69
CHEST: The heart is normal in size and configuration. There is no evidence of active or acute pulmonary disease.

M. NATHANSON, M.D.
bh 21/22

D-1-F-1 REV 1/68

CHART COPY

2

3

Exhibit No. 20 (page 8)

THE MOUNT SINAI HOSPITAL
NEW YORK, N. Y.

LABORATORY AND X-RAY REPORTS

NAME
UNIT NO.
SEX - AGE
SERIAL NO. AND LOCATION
PHYSICIAN OR SERVICE

146

THE MOUNT SINAI HOSPITAL, NEW YORK CITY DEPT. OF RADIOLOGY

NAME	SERVICE	AGE	DOCTOR	LOCATION	UNIT-X-RAY NO.
GOLD, NATHAN				OPD	047 679

6-5-69 UPPER GI SERIES: The esophagus is demonstrated with barium. There is the possibility of diverticulum. This cannot be confirmed on this study. If clinically warranted may repeat with special attention to the region of the cervical esophagus. A hiatus hernia with reflux was present. The stomach is horizontal in type. There are no abnormalities of the fundus, body, and antrum of the stomach. The duodenal bulb demonstrated no evidence of ulcer crater. The duodenal sweep and proximal portion of small bowel visualized were within normal limits.

IMPRESSION: Hiatus hernia with reflux. The possibility of a Zenker's diverticulum. If clinically warranted may repeat with special attention to the cervical esophagus.

D-1-F-1 REV 1/68 J. ZIMMER, M.D. bi CHART COPY

PRINTED BY THE STANDARD REGISTER COMPANY, U.S.A.

2

3

Exhibit No. 20 (D2919)

GOLD NATHAN
047679 M/08 10/69
3100 OCEAN PKWY
99J HR 5134343

THE MOUNT SINAI HOSPITAL
NEW YORK

OUTPATIENT DEPARTMENT

Tel. TR 6-1000

The Mount Sinai Hospital — Incorporated 1852 — New York

The original document, of which this is a photocopy, appears to be genuine and unaltered and to have been made at the time purported.

Signature M Homm

Date 7/11/69 Title FR

WE NATHAN Gold

AN 109-28-7273

YOUR NEXT APPT. IS

Clinic	Date	Time	Drs. No.
[illegible]	5-24	[illegible]	
[illegible]	4-24	[illegible]	
X Ray	4-10	11 AM	
X Ray	4-16	11 AM	
[illegible]	5-15	[illegible]	Stone
[illegible]	5-1	[illegible]	
G-2	4-25	9 AM	
[illegible]	5-2	[illegible]	
[illegible]	2-14	[illegible]	
[illegible]	2-4	[illegible]	
X Ray	6-5	8 PM	
[illegible]	5-21	[illegible]	
G-2	6-18	9 AM	

Exhibit No. 20 (page 10)

DEWEY 2-4848 REG. NO. 36930

JACOB B. GLENN, M. D.

MON. - THURS. 6:30 - 8:30
SAT. 1 P. M. - 3 P. M.
AND BY APPOINTMENT

201-203 BRIGHTON FIRST ROAD
ON THE BOARDWALK
BROOKLYN, N. Y. 11235

NAME M. Hatlen Gold AGE

ADDRESS 3100 Ocean P'kway DATE 3/7/66

Above named pt. was treated by me for Arthritis, Hypertension, Nervousness and Post Gastric ulcer status from 1963-65 - Continuously. He was treated with certain medications injections & Diathermy.

Sincerely Jacob B. Glenn M.D.

EXHIBIT 81

Exhibit No.

PROFESSIONAL QUALIFICATIONS

149

1. Physician's Name Glenn (Last) Jacob (First) B (Middle)

2. Address 201 -23 Brighton 1st Road

Brooklyn, New York 11235

3. AMA Membership: ☐ Yes ☒ No

4. Year of Birth (B): 1905

5. Medical Education (ME): State: Switzerland

School: Medizinische Fakultat der Universitat, Zurich

Year of Degree: 1943

6. Year of License (L): 1951

7. National Board (NB): ☐ Yes ☐ No

Year:

8. American Specialty Boards (AB):

9. Medical Specialties: General Practice

10. Type of Practice (TOP): Full Time General Practice

11. National Scientific Medical Societies: (SS) American Geriatrics Society, Inc.

12. Professorial Appointments (PA): State: New York

School: State University of New York, Downstate Medical Center

13. Other Information:

14. Sources of Information: American Medical Directory Edition: 24th Page: 2402 (1967)

EXHIBIT 22

Exhibit No. 149

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

KINGS COUNTY HOSPITAL CENTER

Brooklyn, N.Y.

Date 11-19-68

ABSTRACT OF MEDICAL RECORDS (NON-FEE)

150

SENT TO

[redacted]

PATIENT IDENTIFICATION

LAST NAME	FIRST	MIDDLE OR MAIDEN	AGE	
GOLD	Nathan		59 yr	M

ADDRESS 3100 Ocean Parkway, Brooklyn, N. Y.

ADMITTED TO HOSPITAL

DATE ADMITTED 5-3-66 | HISTORY No.

DATE DISCHARGED 5-13-66

TREATED IN O.P.D. OR EMERGENCY CLINIC | HISTORY No.

DATES TREATED FOR THIS CONDITION

Clinic No. H 40549

Include pertinent and significant information pertaining to:
hief Complaints, Previous History, Diagnosis, Laboratory and X-ray Findings,
ourse and Treatment in Hospital, Disposition.)

Patient entered hospital because of complaint of dysphagia for 10 days and history of a slight choking sensation. He noted slight hoarseness of about 2 yrs duration (assaulted - "choked" two yrs ago). Other history includes TBC 1932, Typhus in 1941, buried in an avalanche in 1935 and hospitalized several months, Arthritis of back and legs, herniorraphy in 1952, gastric ulcer, nervousness.

Admiss on examination revealed right vocal cord covered by hypertrophic mucosa. 5-5-66 Direct laryngoscopy revealed normal vocal cords. 5-3-66 Xray of chest showed no evidence of any acute pulmonary or pleural pathology. Aorta was somewhat tortuous. 5-10-66 Barium esophogram showed no evidence of any pathology or obstruction. 6-6-66 EKG normal. 5-5-66 blood sugar 70. Hematocrit 41.

Patient signed his own release on 5-13-66 and left the hospital; the impression was that of a Chronic Laryngitis.

Report of clinic findings were sent to you dated 10-14-68 from the office of Dr. Prager, Executive Physician in the Out Patient Dept.

Morris Kolsky
Deputy Asst. [redacted]

EXHIBIT 23

Exhibit No. 109 (11 pages)

Signed [redacted]

[redacted]
Administrator

COLD NATHAN 61/210E 50 HEB P
DR FELTON DR DWECK MM W70223
3100 OCEAN PKWY BK 996 8236
7 15 69 12 30PM
HERNIA SURG WIFE MINNIE
MEDICAID 7 69 GEN MA T
995 5134343 Y I I 13 08
NO MF

PTS D. A. Y. S. | D. A | D. C | O. U | P. F | R. E. C | F. C.

KINGS HIGHWAY HOSPITAL

BROOKLYN, N.Y. W70223

SUMMARY

Room No. 151

Discharged 7-25-69 1 P.M.

Code #	Diagnoses	Result
0601-639 764-100	Left Inguinal hernia Prostatism	
	Complications and/or Secondary Diagnosis	
	OPERATIONS Include transfusions, biopsies, paracentesis, lumbar puncture, cystoscopy	
0601-50	ⓛ inguinal herniorrhaphy	

EXHIBIT 23
Exhibit No. MF (page 2)

WOUND HEALING
CONSULTATIONS
RECOMMENDATIONS

Approved By Dr. [signature]

GOLD NATHAN 61 210E 50 HEB P
DR FELTON DR DWECK MM W70223
3100 OCEAN PKWY BK 996 8236
7 15 69 12 30PM
HERNIA SURG WIFE MINNIE
MEDICAID 7 69 GEN MA T
995 5134343 Y) 1 13 08
NO MF

152

KINGS HIGHWAY HOSPITAL

PERSONAL HISTORY

DETAILED PRESENT ILLNESS
CHIEF COMPLAINT
ONSET
COURSE
PREVIOUS THERAPY

INVENTORY BY SYSTEMS
E.E.N.T.
RESPIRATORY
GASTROINTESTINAL
CARDIOVASCULAR
GENITAL
URINARY
NERVOUS
MUSCULAR
SKELETAL

PAST HISTORY
CHILDHOOD DISEASES
ADULT DISEASES
MENSTRUAL
OBSTETRICAL
SURGICAL
HABITS

FAMILY HISTORY
FAMILIAL DISEASES
AGES AND CAUSES OF DEATHS OF
PARENTS
BROTHERS
SISTERS

CC hernias

HPI

this is the 1st KHH adm for this 61 y/o wm c 4 yr Hx (R) ing hernia R/T c turns. last wk pt c/o pain in groin. (R) ing herniorraphy 16 yrs ago. No Hx prostatic dis

SOS c/o headache & double vision rhinorrhea c a weather
long Hx post prandial abd pain. Pt on optimal & bland diet
Hx coughing on prune juice

PH — No Hx. Diabetes, HBP or HD
Hx arthralgia c a weather
surg — (R) ing herniorraphy
rectal surg
repair duodenal septum

allergy — 0

FH — Pancreatitis

ATTENDING PHYSICIAN Feltman

INTERNE OR RESIDENT M. J. Bauer

Exhibit No. 123 (Page 3)

NAME _____ PHYSICAL EXAMINATION 153

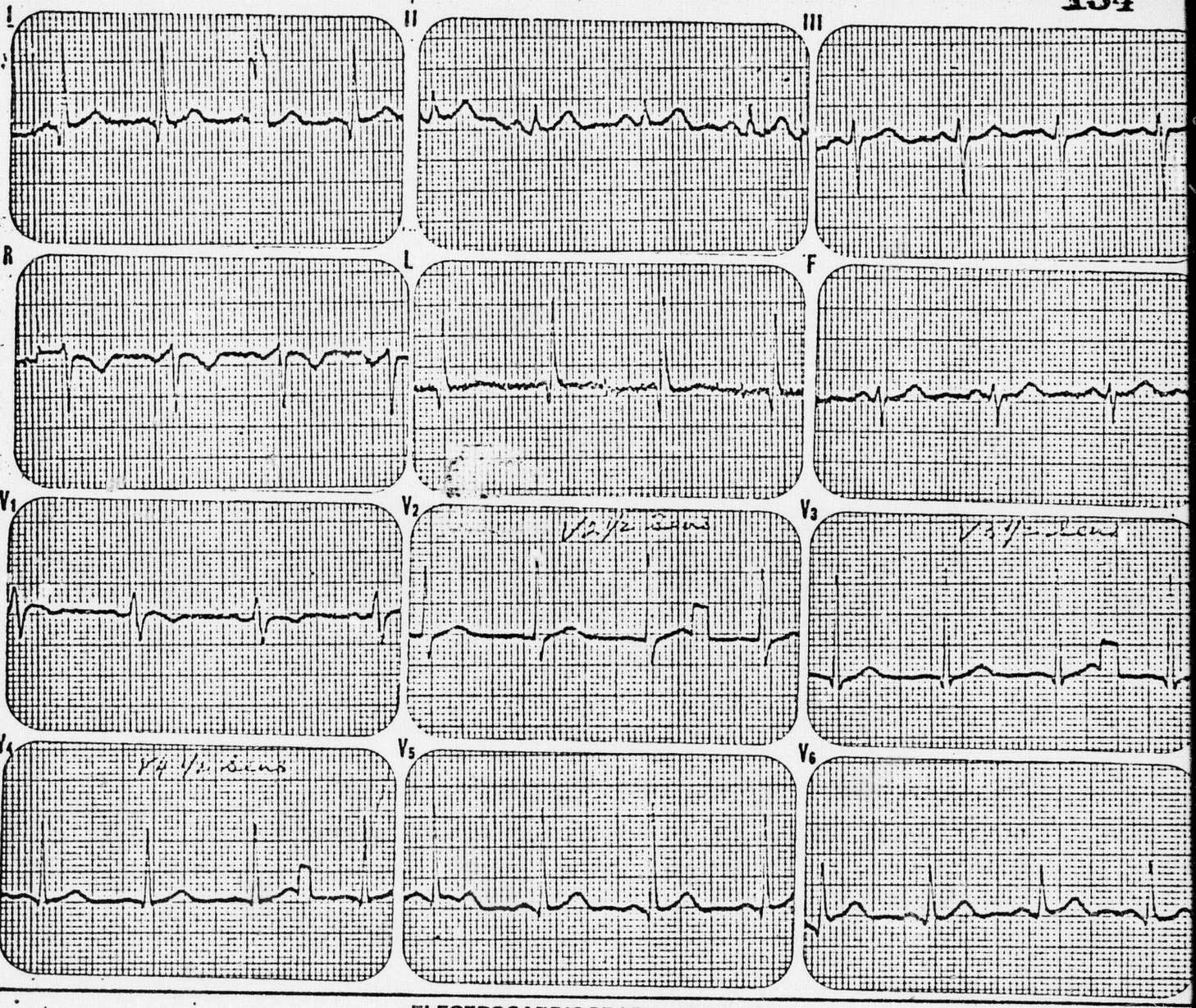
GENERAL APPEARANCE
SKIN
HEAD
NECK
THYROID - GLANDS
BLOOD PRESSURE _____
EYES
EARS
NOSE
THROAT
PULSE RATE 86
CHEST
HEART
LUNGS
BREASTS
RESPIRATORY RATE _____
ABDOMEN
PELVIC EXAM.
RECTAL EXAM.
NERVOUS SYSTEM
EXTREMITIES
WEIGHT _____ LBS.

normal — no PD
S/C - nml
Head nml
Neck supple No thyromegaly
PERRLA
Pharynx clear
Chest symmetrical
CVS RSR no M
Lungs clear
Abd - soft & nontender
(1) Ing hernias
reducible - 0 masses - prostate firm, nontender & not enlarged
pulses intact
ext deformity R 2nd toe

CLINICAL IMPRESSION (1) Ing hernias

ATTENDING PHYSICIAN Dr. Feldman INTERNE OR RESIDENT M J Burnett

Exhibit No. 23 (page 4)



ELECTROCARDIOGRAPH REQUEST

PREV. ECG YES ☐ NO ☒ AMB. ☐ BED. ☐ EMERG. ☐ DIG. ☐ QUIN. ☐ AGE SEX M B. P. DATE 7/16/69

CLIN. DIAG.: Routine. Pre-op hernia

ORDERED BY Dr Felton M. D

ELECTROCARDIOGRAPH REPORT

RHYTHM: (SINUS) ☐ OTHER:

RATES: ATR. 83 VENTR.

INTERVALS: P-R QRS QTc

AXIS: + ° — °

DESCRIPTION: LIMB LEADS

P

QRS

S-T

T, U

PRECORDIAL LEADS

Tall R V3

INTERPRETATION, SERIAL CHANGES, IMPLICATIONS:

Possible L.V.H. (?? BP)

PATIENT'S IDENTIFICATION

Gold, Nathan

70223

DOCUMENTED BY [signature] M. D

ECG NO. #4877 WARD RM. 210

DATE

Exhibit No. 23 (Map 3) 7/16/69

-NAT'L ADV. CO., N. Y. 8-67B

KINGS HIGHWAY HOSPITAL

X-RAY REPORT

DEPARTMENT OF RADIOLOGY

E. MENDELSON, M.D. F.A.C.R.

Patient GOLD, NATHAN Date: 7/15/69 Room: 210

X-Ray No. 69-6028 Hospital # W70223

Referred by Dr. Felton

X-Ray Findings

BARIUM ENEMA, DURING THE ADMINISTRATION OF OPAQUE MEDIUM , FLUOROSCOPIC AND RADIOGRAPHIC EXAMINATION:

The entire large bowel has been opacified with barium.
At the level of the sigmoid colon there is a segment of irregularity, which perhaps represents only spasm.
This same level in some films, there is a round density, the possibility of a polypoid lesion should be ruled out and therefore a repeat examination is suggested, of the large bowel involving only this segment.

CONCLUSION: A small segment, irregular and spastic is seen ,as described,at the level of the sigmoid colon where a round density is seen in some films.
Please repeat the examination to rule out the possibility of a polypoid lesion at this level.
The rest of the examination is unremarkable.

LM:rs

Luis Mirray, M. D.

No. Films

No. Exposures

S.D. 1.2.45304.

Exhibit No. 23 (Page 6)

BEST COPY AVAILABLE

...MAPL ADV. CO., N. Y. 8-678

8-56-SH

KINGS HIGHWAY HOSPITAL

156

X-RAY REPORT

DEPARTMENT OF RADIOLOGY

E. MENDELSON, M.D. F.A.C.R.

Patient GOLD, NATHAN Date: 7/15/69 Room: 210

X-Ray No. 69-6011 Hospital # W70223

Referred by Dr. Felton/Dweck

X-Ray Findings

EXAMINATION OF THE CHEST:

The heart is enlarged to the left.
The aorta is elongated, perhaps slightly calcified.
There is minimal bilateral congestion.
The costophrenic angles are clear.
The upper ribs are grossly normal.
There is no hilar adenopathy.
There is no fluid.

CONCLUSION: Cardiac enlargement.
Elongation of the aorta.
Minimal bilateral congestion.

EM:rs

Emanuel Mendelson, M. D.

No. Films_____

No. Exposures_____

S.D. 1.2-45304.

Exhibit No. 23 (page 7)

KINGS HIGHWAY HOSPITAL RECORD OF ANESTHESIA

GOLD, Nathan R.210

Dr. M. Felton

ANESTHESIOLOGIST	DATE 7-17-69		
INSTRUMENT NURSE	TIME	START	END
CIRCULATING NURSE	Anesthesia		
DRAINS INSERTED	Operation		
SPONGE COUNT			
COUNTED BY			
O.R. NUMBER	157		
DISPOSITION OF PT.			

OPERATION	REPAIR OF LEFT INGUINAL HERNIA.
SPECIMEN	
PREOPERATIVE DIAGNOSIS	Left Inguinal Hernia.
POSTOPERATIVE DIAGNOSIS	Same.
SURGEONS	Dr. M. Felton.
ASSISTANTS	

FINDINGS:

INCISION:

PROCEDURE:

Under spinal anesthesia the patient was prepared and draped in the usual manner. The left inguinal incision was made and the incision was carried through the skin, and subcutaneous tissues. After adequate hemostasis was secured using ligatures of 3-0 plain catgut, the external oblique aoneurosis was incised the direction of its fibers down to the external inguinal ring and the inguinal canal was explored.

A large indiredt inguinal hernial sac was noted to present through the internal ring. There was a marked attenuation and weakness of the transversalis fascia, inthe medial wall of Hesselbach's triangle. The hernial sac was identified and dissected free from the surrounding cord structures down to its neck, which was doubly ligated with #0 chromic catgut suture material, and the sac was excised.

After high ligation of the sac a repair of the floor of Hesselbach's triangle was performed in layers using interrupted sutures of #0 chromic catgut. In the first layer the transversalis fascia was plicated, in the 2nd layer the medial leafofthe external oblique was sutured to the shelving edge of Poupart's ligament and in the 3rd layer the lateral leaf was imbricated medially. The cord structures were transplanted subcutaneously. Scarpa's fascia was repaired with interrupted sutures of 3-0 plain catgut and the skin edges were approximated with 3-0 black silk Stewart type sutures. The patient tolerated the procedure well.

WOUND EXPECTATION:

CONDITION OF PATIENT

M. Felton M.D.

23 M. FELTON, M.D.

HV/ dict. 7-17-69/ tr. 7-17-69 Signature of Surgeon

KINGS HIGHWAY HOSPITAL
PATHOLOGICAL REPORT

158

Patient GOLD NATHAN

Hospital No. 70223

Room 210

Doctor Felton

Specimen Hernial sac

Tissue No. 1484-69

Date Received 7-17-69

Date Reported 7-21-69

Gross Specimen consists of an irrggular thickened membrane which when flattened out measures 8 x 5 x 0.2 cm. Also present is an elongated portion of encapsulated adipose tissue measuring 10 cm in length and averaging 2 cm in diameter.

NM/skf *Diagnosis - From Microscopic Examination*

Peritoneal (hernial) sac

Lipoma

Exhibit No. 23

Nathan Mitchell, M. D.
Director of Pathology

GOLD, Nathan

Dr. M. Felton

159

ADMISSION NOTE:
Date of Admission: 7-15-69

CHIEF COMPLAINT:
This is the first KHH admission for this 61 year oldwhite male, who was admitted with a 5 yrs. history of left inguinal hernia, for which the patient has been wearing a truss. Last Oct 15, 1963.

One week prior to admission the patient complained of pain in the left groin, associated with difficultyin reducing the hernia. There is no history of recent change in bwwel habits or urinary difficulties. The patient has repair of right inguinal hernia 18 yrs. prior to admission.

P.H. and ROS/ Otherwise non contributory, except for complaints of occasional headache. There is a long standing history of post prandial abdominaldiscomfort, for which the patient has been on a bland diet. There is no history of allergy.

PHYSICAL EXAMINATION:
Well nourished, well developed white male in no acute distress. B/P 110/70. Exam. of the H&N negative. No icterus or pallor noted. Chest clear to P&A. Heart normal sinus rhythm, no murmurs. Abdomen is soft non tender. There is an old well healed right inguinal herniorrhaphy scar present. There is a left inguinal hernia present which appears to be a large indirect hernia. The hernial mass is easily reducible. Rectal examintion negative. Extremities negative.

Impression:
Left Inguinal Hernia.

Recommendations:
Advise that the patient be evaluated and prepared for surgery.
A Barium enema has been ordered preoperatively, to R/O colonic pathology.

M. Felton MD
M. FELTON, M.D.

MF:hv
cc
dict. 7-15-69
tr. 7-15-69

Exhibit No. 23 (Page 10)

KINGS HIGHWAY HOSPITAL

DISCHARGE SUMMARY

Gold, Walter

160

FINAL DIAGNOSIS: ① inguinal hernia
prostatism

OPERATIONS: ① inguinal herniorrhaphy

HISTORY AND PHYSICAL 61 y.o male c 5 yr hx of ① inguinal hernia for which he is wearing a truss intermittently for 5 years relieving the below 12

SIGNIFICANT LABORATORY DATA:
CBC wnl, chest x-ray - normal
BE - 5 stools seen

COURSE IN HOSPITAL
(INCLUDE COMPLICATIONS AND CONSULTATIONS)
Pt medically cleared for surgery ①
inguinal hernia repaired 7/17/69 -
Uneventful postop course except for
urinary retention several days

CONDITION ON DISCHARGE: Improved

DATE OF DISCHARGE: 7/21/69

SIGNATURE: [signature]

23

Exhibit No. [illegible] (page 11)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved.
Budget Bureau No. 72-R510.7

MEDICAL REPORT
(General)

DATE OF THIS REQUEST: 161

Notice to Physician:
Please include sufficient details of history, physical and diagnostic findings, clinical course, therapy and response to enable a reviewing physician to make an independent determination as to the severity and duration of the impairment.

(1) IDENTIFYING INFORMATION (To be completed by Requesting Office)	PATIENT'S NAME	DATE OF BIRTH	SOCIAL SECURITY ACCOUNT NO.
	[illegible] Gale	11-3-08	164-38-[illegible]
	WAGE EARNER'S NAME (If different from patient)	ADDRESS OF REQUESTING OFFICE	
		[illegible] Beach Lebanon Mo.	

I. HISTORY: (Give complaints, past and present, clinical course, including therapy and response.)

I saw this patient at his home on Friday, August 13, 1965, for Treatment of a respiratory infection.

This was the only occasion that I saw him and treated the above mentioned illness.

I have no other record as regards personal history, complaints, etc. etc.

EXHIBIT
Exhibit No. 24 (2 pages)

DATE OF INJURY OR FIRST SIGNS OF ILLNESS	DATE IMPAIRMENT PREVENTED WORK	DATE YOU FIRST EXAMINED PATIENT	FREQUENCY OF VISITS	DATE OF LAST EXAMINATION

FORM SSA-826 (10-65)

III. LABORATORY AND SPECIAL STUDIES: Give results with dates. *(Hemoglobin, Hematocrit, Sedimentation rate. Cerebrospinal fluid, Blood chemistry, Urinalysis, Sputa (smear, culture), Serology, X-rays, Electrocardiogram, Liver function, Bronchoscopy, Myelogram, Biopsy, Pulmonary function, Renal function, Psychometric, etc.)*

IV. DIAGNOSES:

1. See first page.
2.
3.

FEB 11 1966

Doctor's No. 24 (on page 2)

REPORTING PHYSICIAN'S NAME AND ADDRESS	SIGNATURE	TITLE
M. DAVIS ELKIND, M.D. 115 BRIGHTWATER COURT BROOKLYN 35, N.Y.	M. Davis Elkind	
	TELEPHONE NUMBER ES 2-4054	DATE 2-10-66

PROFESSIONAL QUALIFICATIONS

1. Physician's Name ELKIND, (Last) Maurice (First) Davis (Middle)

163

2. Address 115 Brightwater Court
Brooklyn, New York 11235

3. AMA Membership: ☒ Yes ☐ No

4. Year of Birth (B): 1911

5. Medical Education (ME): State: Switzerland
School: Medizinische Fakultat der Universitat Basel, Basel
Year of Degree: 1936

6. Year of License (L): 1938

7. National Board (NB): ☐ Yes ☒ No
Year: _____

8. American Specialty Boards (AB): _____

9. Medical Specialties: _____

10. Type of Practice (TOP): General Practice

11. National Scientific Medical Societies: (SS) _____

12. Professorial Appointments (PA): State: _____
School: _____

13. Other Information: _____

14. Sources of Information: American Medical Directory
Edition: 24th Page: 2399

EXHIBIT

Exhibit No. 25

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved.
Budget Bureau No 2-R[illegible]

MEDICAL REPORT
(General)

DATE OF THIS REQUEST

164

Notice to Physician:
Please include sufficient details of history, physical and diagnostic findings, clinical course, therapy and response to enable a reviewing physician to make an independent determination as to the severity and duration of the impairment.

(1) IDENTIFYING INFORMATION (To be completed by Requesting Office)	PATIENT'S NAME	DATE OF BIRTH	SOCIAL SECURITY ACCOUNT NO.
	Patrick Dild.	1/13/08	409-38-7152
	WAGE EARNER'S NAME (If different from patient)	ADDRESS OF REQUESTING OFFICE [illegible] Bellpr WV.	

I. HISTORY: (Give complaints, past and present, clinical course, including therapy and response.)

Pres patient was in Russia he has been suffering from severe pains all over the body. He gives a history of TBC in Russia 20 yrs ago. Now has severe pains all over his body. He is very nervous and suffers from fear, insomnia, hallucinations, gastric disturbances & dizziness. He is very forgetful. He has tried to work but has been unable to do so in the last 2-3 years. He suffers from ① Generalized Arthritis ② Neuro Anemia ③ Gastric Neurosis ④ He is completely disabled for employment. ⑤ Post Gastric Ulcer.

He had surgery for Gastric Ulcer at Wheeling Hosp. Now in debt.

Also had surgery on Nose Jan 1965.

EXHIBIT No. 26 (2 pgs)

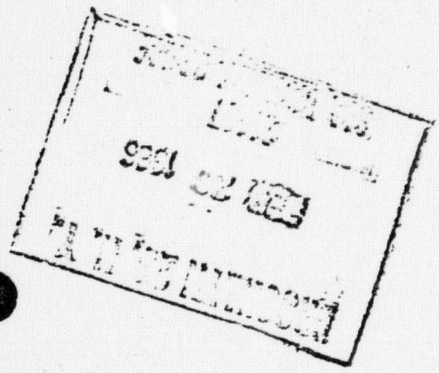
DATE OF INJURY OR FIRST SIGNS OF ILLNESS	DATE IMPAIRMENT PREVENTED WORK	DATE YOU FIRST EXAMINED PATIENT	FREQUENCY OF VISITS	DATE OF LAST EXAMINATION
~~2/4/66~~		2/4/66	2 wks	2/21/66

FORM SSA-826 (9-65)

III: LABORATORY AND SPECIAL STUDIES: Give results with dates. *(Hemoglobin, Hematocrit, Sedimentation rate. Cerebrospinal fluid, Blood chemistry, Urinalysis, Sputa (smear, culture), Serology, X-rays, Electrocardiogram, Liver function, Bronchoscopy, Myelogram, Biopsy, Pulmonary function, Renal function, Psychometric, etc.)*

He has had numerous amt of X-Ray + lab work - refs with other doctors + clinics.

Px: 1. Arthritis - 2 Hypertension.
3. Neurasthenia
4. Post Gastric Ulcer



IV. DIAGNOSES: as above

1.
2.
3.

HARRY GROSSMAN, M.D.
545 Bedford Avenue
Brooklyn 11, N. Y.

Exam - 2b (Jagiz)

REPORTING PHYSICIAN'S NAME AND ADDRESS	SIGNATURE	TITLE
Harry Grossman M.D. 545 Bed. Ave.	Harry Grossman M.D.	Doctor
	TELEPHONE NUMBER REV. 7-1610	DATE 2/21/46

U.S. GOVERNMENT PRINTING OFFICE : 1965 O - 787-738

REPORT OF CONTACT

(USE INK OR TYPEWRITER)

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON: NATHAN GOLD — 103

PERSON(S) CONTACTED AND ADDRESS(ES): ☐ WE OR SE PERSON ☑ OTHER (Specify)

ACCOUNT NUMBER (and symbol): 109-28-1273

Dr. H. GRODZICKER 545 BEDFORD Av BKLYN N.Y.

CONTACT MADE: ☐ DO ☐ CS ☐ HOME ☑ PHONE: EV 7-5610 ☐ OTHER (Specify)

DATE OF CONTACT: 2-7-66

Purpose -

To amplify diagnosis made in report of 2-2-66

a) Generalized arthritis -

1) Type ? Osteoarthritis

2) Involvement of which parts of the body ?

3) % change of motion in affected joints ? "

4) X-rays of any ? " "

2) Hypertension

a) B/P on examination ?

b) Chest X-ray ?

c) EKG ?

(Wage earner alleged chest pain + leg weakness)

c) Difficulty in treating - severe back + nerve surgery ?

3) Status of gastric ulcer ?

Facts

a) Essentially the above, arms & legs involved, lack of stiffness, pain - accumulation of motion

Re: B/P & EKG

1) Osteoarthritis

Dr. Grodzicker indicated claimant has serious mental problem as well as many physical disabilities

SIGNATURE: S. Gustal

DISTRICT OFFICE: Bureau of Disability Determinations

☐ CR ☐ FR ☐ CLAIMS CLERICAL ☐ OTHER (Specify)

DATE OF REPORT: 2-8-66

PAGE OF

FORM OAC-5002 (1-65)

U.S. GOVERNMENT PRINTING OFFICE 1966 O—759-633

Exhibit No. 27

DO NOT WRITE IN MARGIN

PROFESSIONAL QUALIFICATIONS

Physician's Name: Harry Grodzicker, M. D.

Year of Birth: 1905

Physician's Office Address: 545 Bedford Avenue, Brooklyn, New York 11211

Type of Medical Practice and/or Specialty: General Practice (full time)

Subspecialty:

Medical School and Year of Graduation: State Univ. of New York Downstate Medical Center, New York, New York - 1929

License(s) (show year(s) and State(s), and/or year of certification by National Board of Medical Examiners):

Licensed 1929

American Specialty Boards:

National Scientific Medical Societies (indicate if Fellow):

American Medical Association
American Academy of General Practice

Hospital Affiliations (state nature of association, e.g., Chief of Service, Attending Staff, Consultant, etc.):

Professorial or Teaching Appointment(s):

Other Information:

Source(s) of Information (e.g., self; title of directory and page number, etc.):

American Medical Directory, 23d Edition, 1965 - Page 2252

EXHIBIT

Exhibit No. 29

DE 9-1279

D. A. B. I. M.
F. A. C. P.

BIAGIO BATTAGLIA, M. D., F.A.C.P.
1621 WEST 6TH STREET
BROOKLYN 23, N. Y.

April 26 1966

Joseph J. Oliva M.D.
Chief Medical Consultant
Bureau of Disability Determ
Dept of Social Welfare, NYs

Re: Nathan Gold
109 28 7273

169

Dear Doctor:

Mr. Gold was examined this date. He is 59 years old, born in Poland, migrated to USA when 46 years of age, Educated thru third year of Rabinical University, started working when 21 years of age, wholesale horse feed business&or hockshop business until 1936, came to USA in 1954 and was employed as cutter for plastic slip cutter for six years, then had oddjobs and has not been employed about 2 years because of nervousness.

Father killed during War in Germany at 70, also mother and siblings, except one brother living in France.

Married for first time in 1954, wife is unemployed, no children.

Habits: No alcohol to excess, used to smoke two packs a day, and has had neither since two years ago.

Average Weight: 150 lbs, before present illness.

Past History and System review: No acute febrile illnesses of note. Operations: Ulcer of stomach 9 years ago, hernia 1 pair about 15 years ago, aspiration and incision of knee following infection about 16 years ago.

Head: A wall fell on him, suffered many lacerations of face and body in 1943, recovered after few months and was in Military serviceafter this episode. Had operation on nose for obstruction one year or more ago, but still has nasal obstruction and additional surgery has been advised. Headaches have been occurring about two years, started while Working, occurred after being attacked by landlord with butcher knife over some building violations. He was hospitalized only two hours, rested at home about two weeks, and following this became nervous and couldnt work properly since this episode in October 1963. He had been nervous for some before this but [redacted] been unable to work.

Allergy: none.

Cardiovascular: hypertension diagnosed once a few months ago. He complains of pain in substernal area , knocking in character, when he climbs half flight of stairs, none while walking on street. No heart medication being taken. Is taking lots of medicines for everything. No sublingual tablets. No orthopnea.

Respiratory: Tuberculosis diagnosed in 1943 following accident described above, hospitalized three to four months and has been well since then. No chronic bronchitis, cough on rainy days, discomfort in larynx is present.

Gastrointestinal: appetite good and bad. No dysphagia. Has heart burn after meals. Is on restricted diet, no herring, eggs or beer. Had rectal operation for ulcer 8 years ago, occasional discomfort, bowels sometimes constipated.

Genitourinary: no dysuria, no venereal disease of significance. Nocturia once or twice.

Neuromuscular: has been nervous only past three years. Arthritis in both knees , back, elbows, migrating for about three to four years, getting worse, espetially in winters. No diabetes.

EXHIBIT No 29 (4 pages)

DE 9-1279

D. A. B. I. M.
F. A. C. P.

BIAGIO BATTAGLIA, M. D., F.A.C.P.
1621 WEST 6TH STREET
BROOKLYN 23, N. Y.

169

Nathan Gold
109 28 7273

Present illness: Patient began, about three to four years ago, to have difficulty performing his work cutting plastic. This made him nervous even though he enjoyed working. This became worse after head injury in 1963, he shifted jobs but was not successful holding jobs, even relatively menial ones. Chief trouble was difficulty remembering, and pains in back, chest and knees when he bent over and on rainy days. He has had occasional job for day or two in past two years.

He spends his time, mostly in his home in the winter, in the summer he sits in boardwalk, avoids much walking because his head sweats too easily, he occasionally looks for work but always finds himself unable to work more than one hour before resting. He sees private physician when he has money, takes medicine available at home, gets nervous attending clinics.

Physical Examination reveals man who speaks broken English, has slight trouble hearing ordinary conversation, Coughs occasionally, is comfortable at rest, haemic component and nutrition are normal, fingers not clubbed or cyanotic. He rises from chair easily, has normal gait, and manifests not dyspnoea after walking 30 feet. He tolerated all activity without respiratory or cardiac impairmen The only significant findings was persistent cough during exam. Weight 134 lbs, Height 61 inches, B.P. 140/80, Pulse 104 Res 25
Head: pupils equal and reactive, fundi seen at one diopter inspite of fact that he has worn glasses since 14 years of age and is Presbyopic according to reading glasses at this time. He squints eyes frequently. There is mucoid secretion in left nares, and septum obstructs the right. Pharynx is negative. Voice is not hoarse. Because of persistent cough , indirect mirror laryngoscopy was performed and the epiglottis appeared red and swollen and the cords could not be clearly visualized although they appeared white.
Neck: trachea in midline, no abnormal pulsations, no thyroid enlargement.
Thorax: symetrical, AP diameter 23cm, lateral 26cm, rounding of the upper dorsal spine.
Lungs: percussion note normal. On auscultation crepitant rales were heard over left interscapular area at onset and later cleared. Breath sounds were otherwise normal.
Heart: cardiac apex percussed 10cm from the midsternal line, M1 louder than M2, P2 louder than A2, no murmurs, Regular rhythmn
Abdomen: liver and spleen not enlarged. no masses. right testicle atrophic from childhood hernia repair, small hernia on left controlled with truss which was not worn this evening, varicocele on left. No surgical scar of Gastric surgery ; ½ inch scar left flank
Extremities: Reflexes equal and active, tibial pulsations present, Joints appeared normal No surgical scars. Slight tremor.
Fluroscopy: normal heart and lungs.
Mobility of lumbar spine is normal for man of his age with minimal restriction of forward flexion.

Exhibit No. 29 (1962)

D. A. B. I. M.
F. A. C. P.

BIAGIO BATTAGLIA, M. D., F. A. C. P.
1621 WEST 6TH STREET
BROOKLYN 23, N. Y.

Nathan Gold 170
109 28 7273

Xray of chest revealed trachea, heart and mediastinum in midline, rounding of the dorsal spine without scoliosis, giving impression of shortened thoracic cage inspite of fact that both diaphragms were at level of the 10th posterior ribs. Heart measured 15cm thoracic cage 28cm, heart appeared flattened on diaphragm and not truly enlarged, Aorta was not remarkable, pulmonary vascular hilar shadows were of normal calibre, right at level of the 3rd space, left in 2nd space, lung markings were normal except for poor definition of vascular markings in left lower lung fields suggesting fibrosis in this area.

Interpretation: minimal fibrosis left lower lobe, no apical fibrosis suggestive of past tuberculosis, heart was normal in size inspite of increased transverse cardiac-thoracic ratio.

An electrocardiogram revealed regular sinus rhythmn of 88, PR interval of .16, QRS of .08, QT of .32. The P waves were normal in size and shape, the QRS electrical axis was horizontal and to the left. In lead 1 there was a 3mm Q and 18mm R; in lead 2 an 8.5mm R; in lead 3 4mm R and 9mm S; in AVR 1mm R and 12mm S; in AVL 4mm Q and 17mm R; in AVF 2mm R, 3mm S and 1mm R'; in the precordial leads V1 revealed 6mm R and 5.5mm S; V2 23 R and 8mm S; V3 26mm R and 5mm S; V4 25mm R and 1mm S; V5 1mm Q and 23mm R and no S; V6 2mm Q and17 mm R.

The S-T segments were isoelectric, T waves inverted in AVR, lowest in lead 3, upright in remaining leads.

Interpretation: normal electrocardiogram

A complete blood count revealed hemoglobin of 15 Gms, RBC of 5,200,000, WBC of 5200cells with 72 polys and 28 lymphocytes.

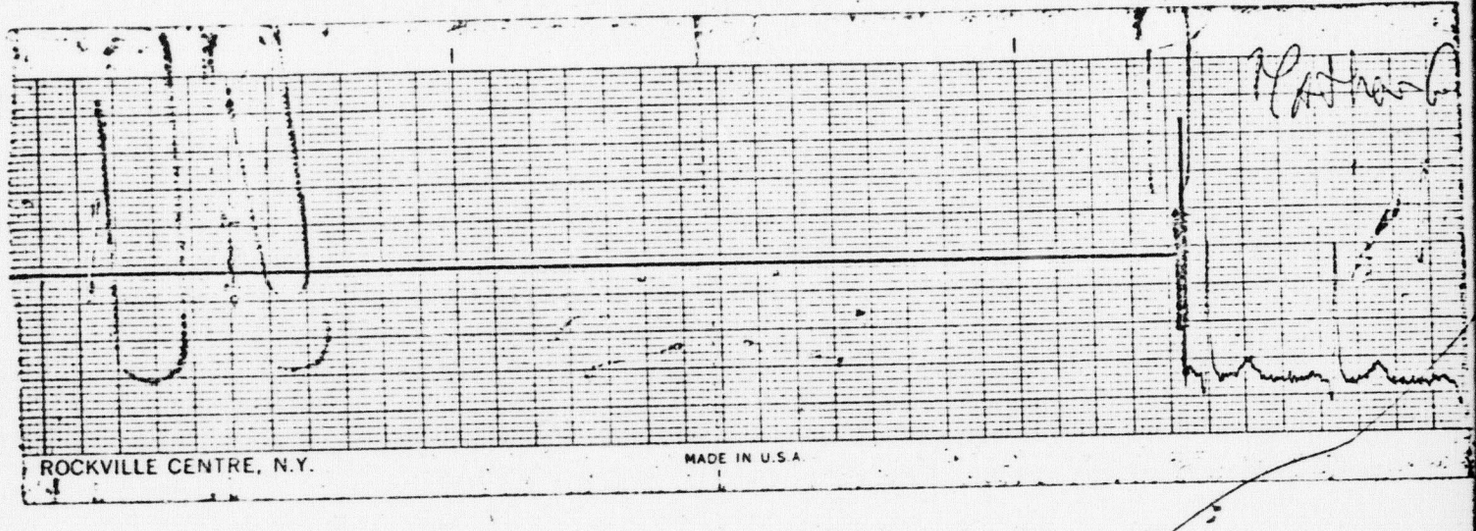
Diagnoses: Deviated Septum -Nasal
Acute or subacute Epiglottic inflammation
No surgical Scar of Abdominal Surgery for Gastric or other ulcer, Small traumatic scar left flank, and right herniorrhaphy scar.
Minimal Fibrosis left lower lobe
No evidence of Arthritis on examination, no scars in knees or restriction of knee mobility
Probable Cerebral Arteriosclerosis

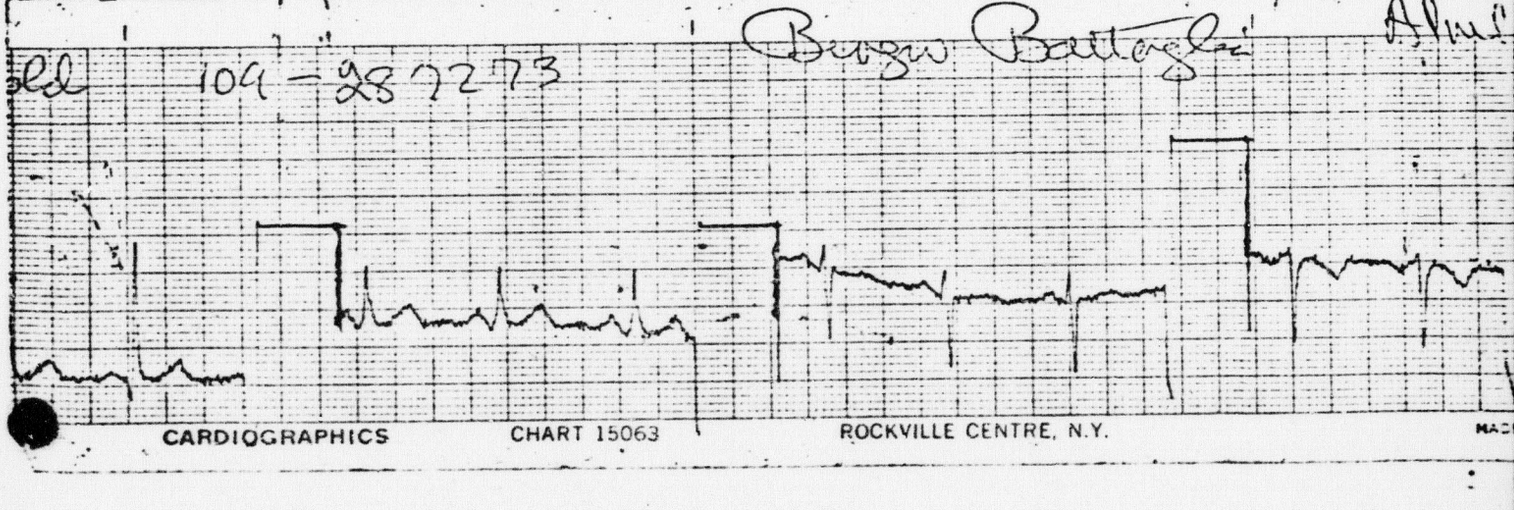
Prognosis: not immediately unfavorable, except for need to reevaluate Status of Laryngeal lesion.

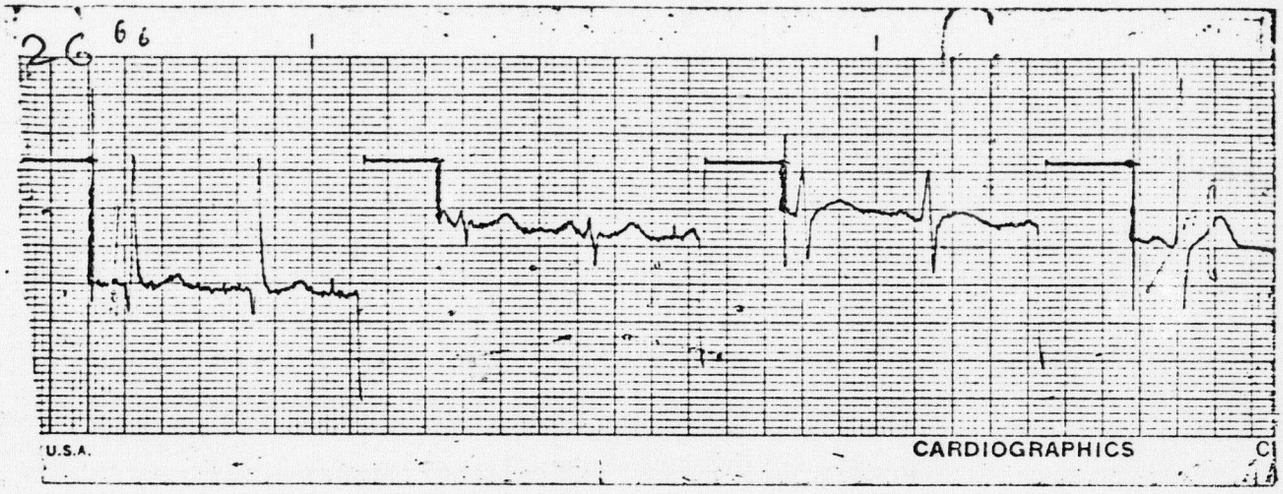
Impairment: permanent related to Cerebral changes, deviated nasal septum, and possibly laryngeal disease exists.

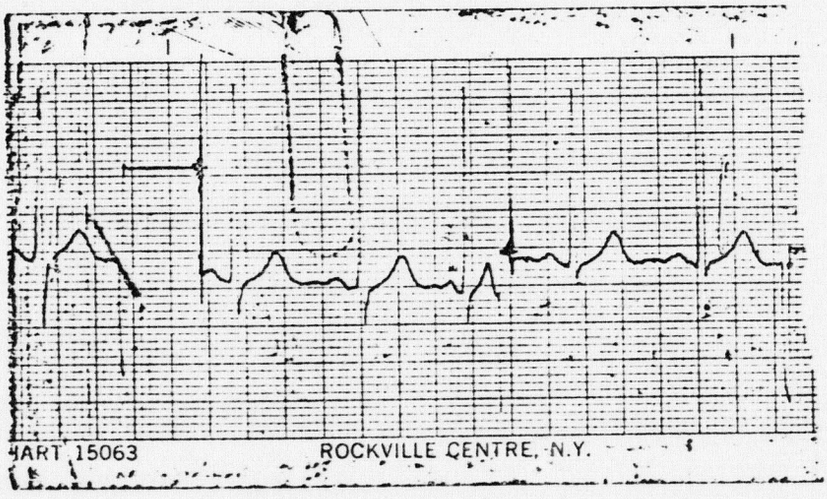
Yours Truly
Biagio Battaglia
Biagio Battaglia M.D.

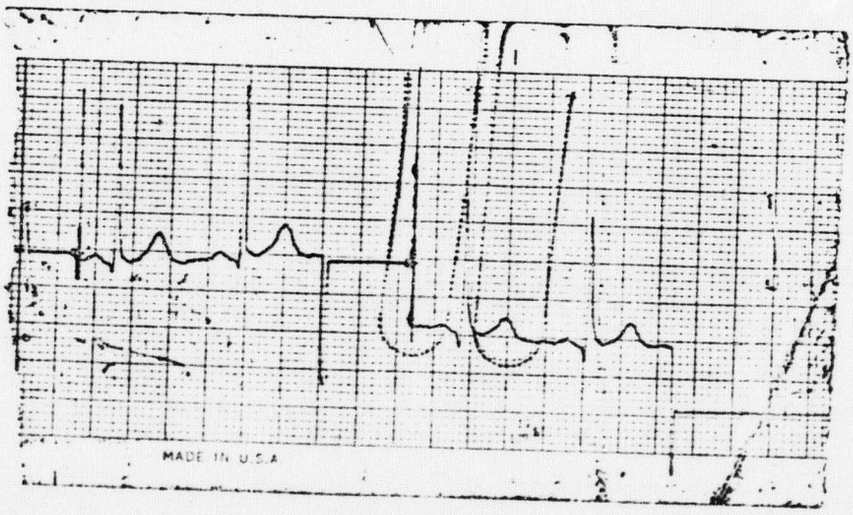
Exhibit No. 29 (Page 3)


ROCKVILLE CENTRE, N.Y.
MADE IN U.S.A.


104-28 72 73
CARDIOGRAPHICS
CHART 15063
ROCKVILLE CENTRE, N.Y.


2C 66
U.S.A.
CARDIOGRAPHICS


HART 15063
ROCKVILLE CENTRE, N.Y.


MADE IN U.S.A.

Cardiovascular
(12/65) CE-385

173

To: Biagio Battaglia, M.D. Re: Nathan Gold

A/N: 109-28-7273

1956 APR 29 AM 11 5.T

PLEASE ANSWER ALL RED CIRCLED ITEMS

1. Date (s) of your examination _____

2. Date of onset of cardiac symptoms _____

3. Date of onset of angina _____

a. Indicate type and amount of exertion necessary to bring on angina _____

b. State the number of anginal attacks occurring at present:

Daily? _____ Weekly? _____ Monthly? _____

c. Severity of attacks: Mild _____; Moderate _____; Severe _____

d. Therapy used: _____

4. Height _____ 5. Weight _____ 6. Blood Pressure _____

7. Is there definite cardiac enlargement based on Roentgen evidence? ☐ No; ☑ Yes, give interpretation _____

8. Is there definite cardiac enlargement based on physical signs? ☐ No; ☐ Yes, give findings _____

(over please)

State of New York - Department of Social Welfare
Bureau of Disability Determinations
110 William Street, New York, N. Y. 10038

BEST COPY AVAILABLE

174

9. Is there evidence of congestive heart failure at present? ☐ No; ☐ Yes,
   a. Reversible? ☐ Yes; ☐ No
   b. Indicate physical signs No
   c. Indicate cardiac medications used during the past 2 months

10. What is the estimated amount and type of exertion necessary to bring on dyspnea? Normal

11. Was dyspnea evident during examination? ☐ No; ☐ Yes, explain

12. Is there retinal involvement? ☐ No; ☐ Yes, describe findings including severity No

13. Any cerebral involvement? ☐ No; ☐ Yes, describe findings including severity See below

14. Is there clinical evidence of renal failure? ☐ No; ☐ Yes, describe findings including severity

15. RE: osteoarthritic - What parts of body are involved?
    Is there stiffness, pain? Of what severity, duration, and radiation? Responsive to therapy?

Signed B Ballen M.D. Date April 26 66

Exhibit No. 29 (Joint)

REPORT OF CONTACT

(USE INK OR TYPEWRITER)

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON: Nathan Gold

PERSON(S) CONTACTED AND ADDRESS(ES): Biagio Battaglia, M.D. — ☐ WE OR SE PERSON ☐ OTHER (Specify)

ACCOUNT NUMBER (and symbol): 109-28-7273

Brooklyn — Internist — O & V 21507

CONTACT MADE: ☐ DO ☐ CS ☐ HOME ☒ PHONE: ☐ OTHER (Specify)

DATE OF CONTACT: 5/23/66

Out DE 9-1279

PURPOSE: Dr. Battaglia was called in reference to a complaint noted in R/C of 5/6/66 with the claimant's wife and also in the R/C of 5/18/66 with the claimant's wife where she states that Dr. Battaglia made a house call in connection with some stomach pain W/E had complained of.

FACTS: In reference to the complaint where it was stated that Dr. Battaglia pulled the W/E's tongue so vigorously that he had hurt him, Dr. Battaglia stated th he did not believe he had used undue traction on the tongue, that he did have to pul on the tongue so as to visualize the epiglottis and the vocal cords. In connection with his visit to the claimant, Dr. Battaglia stated that this was not in reference to any stomach pains the claimant had complained of, though while he was there the claimant did complain of some stomach pain. He made the call because, when reviewing his ~~the~~ notes, he found that the claimant had stated he had had a stomach operation, whereas Dr. Battaglia's notes had indicated there was no abdominal scar. Rather than have the claimant come to see him again, he decided to stop by the claimant's house to see the claimant so as to verify the presence or absence of an abdominal scar. He stated that his findings showed that there was no abdominal scar noted.

Q: The doctor was asked if there were any memory defects noted during the history taking and the examination.

A: I did not notice any significant memory defects.

Q: Was there any irritability noted?

A: No.

Q: Did the claimant come to the office alone?

SIGNATURE

DISTRICT OFFICE

☐ CR ☐ FR ☐ CLAIMS CLERICAL ☐ OTHER (Specify)

DATE OF REPORT

FORM OAC-5002 (1-65)

U.S. GOVERNMENT PRINTING OFFICE: 1965 O—759-633

EXHIBIT NO. 5

DO NOT WRITE IN MARGIN

REPORT OF CONTACT

(USE INK OR TYPEWRITER)

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON: Nathan Gold 178

PERSON(S) CONTACTED AND ADDRESS(ES): Biagio Battaglia, M.D. ☐ WE OR SE PERSON ☐ OTHER (Specify)

ACCOUNT NUMBER (and symbol): 109-28-7273

Brooklyn Internist O & V 21507

CONTACT MADE: ☐ DO ☐ CS ☐ HOME ☒ PHONE: ☐ OTHER (Specify)

DATE OF CONTACT: 5/23/66

Out DE 9-1279

A: No. He came with his wife.

Q: Were there any signs of deterioration noted?

A: Nothing unusual. He seemed to be normal.

Q: From your examination of this claimant, comment on whether you believe that the physical deficits prevent him from engaging in his usual ordinary activities.

A: It is my impression that the cerebral arteriosclerosis is probably playing a major part in this claimant's impairment.

NEXT ACTION: The level of medical severity and the remaining functional capacity is not yet conclusive. Obtain a psychiatric CE. Send a copy of Dr. Battaglia's report to psychiatrist. CE-400 should be sent as follows: "A general internist consultation has been performed with the above claimant on April 26, 1966 and a diagnosis of probable cerebral arteriosclerosis has been made. In your submitted report please include the severity of this impairment and its effect on the claimant's ability to perform his usual physical activities."

DO NOT WRITE IN MARGIN

J. Oliva, M.D.

Joseph J. Oliva, M.D. CHIEF MEDICAL CONSULTANT

SIGNATURE

DISTRICT OFFICE

☐ CR ☐ FR ☐ CLAIMS CLERICAL ☐ OTHER (Specify) XXXXXXXXX XXXXXXX

DATE OF REPORT

FORM OAC-5002 (1-65) JJO:jr M24

U.S. GOVERNMENT PRINTING OFFICE 1965 O—759-633

Exhibit No. 30

REPORT OF CONTACT

(USE INK OR TYPEWRITER)

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON: Nellie Hill 177

PERSON(S) CONTACTED AND ADDRESS(ES): ☐ WE OR SE PERSON ☐ OTHER (Specify)

ACCOUNT NUMBER (and symbol): 7273

w/s

CONTACT MADE: ☐ DO ☐ CS ☐ HOME ☒ PHONE: in ☐ OTHER (Specify) 996 1049

DATE OF CONTACT: 5-22-66

Wife calls re status.
We will call her back, case not available.
She said there was great financial need of h/c & herself. He left Kings City Hosp. 5/13. Has had a biopsy on throat and is due to be re-admitted to hospital for purging of further biopsy

5/23 - Wife called again re status. She said h/c is not scheduled to return to Kings City Hosp. He also said Dr. Pettigrew came to visit him the day after his CK. When asked why Dr. P. came to visit, she said it was in connection with some stones from h/c that was placed in

EXHIBIT 20

SIGNATURE: EFS

DISTRICT OFFICE

SOCIAL SECURITY NO.

☐ CR ☐ FR ☐ CLAIMS CLERICAL ☐ OTHER (Specify)

DATE OF REPORT

PAGE OF

DO NOT WRITE IN MARGIN

FORM OAC-5002 (1-65)

U.S. GOVERNMENT PRINTING OFFICE 1965 O—759-633

178

PROFESSIONAL QUALIFICATIONS

Physician's Name: Biagio Battaglia, M. D.

Year of Birth: 1909

Physician's Office Address: 1621 West 6th Street, Brooklyn, New York 11223

Type of Medical Practice and/or Specialty: Internal Medicine (full time specialty practice)

Subspecialty: Pulmonary Diseases

Medical School and Year of Graduation: Columbia University College of Physicians and Surgeons, New York, New York - 1933

License(s) (show year(s) and State(s), and/or year of certification by National Board of Medical Examiners):

Licensed 1933

American Specialty Boards: American Board of Internal Medicine

National Scientific Medical Societies (indicate if Fellow):

American Medical Association
American College of Chest Physicians
American College of Physicians
American Thoracic Society

Hospital Affiliations (state nature of association, e.g., Chief of Service, Attending Staff, Consultant, etc.):

Professorial or Teaching Appointment(s):

State University of New York Downstate Medical Center, New York - Brooklyn, N. Y.

Other Information:

Source(s) of Information (e.g., self; title of directory and page number, etc.):

American Medical Directory - 24th edition, 1967 - Page 2392

EXHIBIT 31

Exhibit No. _____

BUREAU OF DISABILITY INSURANCE
MEDICAL CONSULTANT'S CASE ANALYSIS

REFERRING OFFICE	[illegible] 3
A/N	109-28-7273 179
NAME	Nathan Gold
STATE	New York
DATE	DEC 22 1969

I am unable to discover any indication of serious psychopathology when this man's earning requirement was last met 12-31-66, or for that matter, at the present time.

An internist who saw him for the SA in April 1966 offers the completely unsupported opinion that he "probably" has cerebral arteriosclerosis. When subsequently questioned about the indications for this, the doctor specifically stated that he did not find significant memory defects, irritability, or any evidence of deterioration. The applicant has been going to the Coney Island Hospital Outpatient Clinic regularly. Their notations do not indicate evidence of any psychiatric disorder of consequence.

As the result of his vague complaints for which physical basis was not found, and his own request for psychiatric examination, he was seen by a clinic psychiatrist in February 1969. This, of course, is long after his eligibility had expired, but even then, the psychiatrist could only say that he had "incipient" organic brain syndrome, and went on to make the very meaningful comment that his "complaints are as much a part of him as his nose and in my opinion nothing can be done to eliminate them. However, I believe they ar e somewhat exaggerated; both iatrogenic and epinosic being important in their origin and maintenance."

The documentation in this file does not indicate an impairment listed in Section 1200 of the appendix to subpart B of Regulation #4, or a psychiatric impairment considered singly or in combination which would equal a listed impairment.

Harry L. Murdock

Harry L. Murdock, M.D.
Psychiatric Consultant, BDI

EXHIBIT
Exhibit No. 32

FORM SSA-416 (6-66)

180

PROFESSIONAL QUALIFICATIONS

Physician's Name: Harry Merrill Murdock

Year of Birth: 1903

Physician's Office Address: 1300 Wine Spring Lane, Towson, Maryland 21204

Type of Medical Practice and/or Specialty: Administrative Medicine

Subspecialty: Psychiatry

Medical School and Year of Graduation: University of Nebraska College of Medicine, Omaha, Nebraska 1927

License(s) (show year(s) and State(s), and/or year of certification by National Board of Medical Examiners):

Licensed 1932

American Specialty Boards:

American Board of Psychiatry and Neurology

National Scientific Medical Societies (indicate if Fellow):

American Psychiatric Association; American Psychopathological Association

Hospital Affiliations (state nature of association, e.g., Chief of Service, Attending Staff, Consultant, etc.):

Professorial or Teaching Appointment(s):

Other Information:

Source(s) of Information (e.g., self; title of directory and page number, etc.):

American Medical Directory, 24th Edition, 1967, P. 1957

EXHIBIT

Exhibit No. 38

BUREAU OF DISABILITY INSURANCE
MEDICAL CONSULTANT'S CASE ANALYSIS

REFERRING OFFICE	LAA 3
A/N	109-28-7273 181
NAME	Nathan Gold
STATE	New York
DATE	DEC 22 1969

This claimant's earnings requirement expires on 12-31-66. Medical evidence in April 1966 by Dr. Battaglia indicates in a detailed report that the claimant had a deviated nasal septum, some epiglottic inflammation, no evidence of arthritis, and probable cerebral arteriosclerosis. He also stated that the claimant had an impairment which was permanent, related to cerebral changes. However, in his examination, there was only the fact that the claimant alleged some difficulty with memory, although he obviously gave a very detailed history. The SA called up Dr. Battaglia and the physician was asked if there were any memory defects noted during the historytaking, and the examination, and was specifically asked whether any memory defect, irritability, or signs of deterioration were noted, and the answer was that there was nothing unusual noted.

From the neurological standpoint, there is no evidence that the claimant had any signs or symptoms of organic deterioration that would meet or equal listing 12.02.

A. H. Oleynick, M.D.
Consultant in Neurology, BDI

EXHIBIT
Exhibit No. 34

FORM SSA-416 (6-66)

182

PROFESSIONAL QUALIFICATIONS

Physician's Name: Oleynick, Anatol, M.D.

Physician's Office Address: Baltimore, Maryland

Source of Information:

Pages:

Medical School and Year of Graduation: University of Chicago - 1956

Type of Medical Practice and/or Specialty: Neurology

Subspecialty:

Certification by American Boards in Medical Specialties and by National Board of Medical Examiners:

Specialty Colleges: 2 yrs. - Resident in Neurology, Johns Hopkins Hospital; 1 yr. - Resident in Neurology, Baltimore City Hospital

Hospital Affiliations:

Medical Societies:

Other Information: Academic Appointments: 2 yrs. - Instructor in Neurology, University Hospital, Baltimore

EXHIBIT 35

Exhibit No.

Form AC-526
(12-61)